



The Cowper and Newton Museum Volunteer Information & Contact Details

Your Title (Mr, Mrs, Miss, Ms, Rev, etc)	
Your First Name	
Your Surname	
Age Group (please circle*)	<input type="checkbox"/> Student <input type="checkbox"/> Working <input type="checkbox"/> Retired

* This information is required purely for statistical purposes to help volunteer bodies plan how they can best encourage and support future volunteers

In an emergency involving you, whom should we contact?

Emergency Contact Name	
Their Phone Number	
Their Relationship to You	

Your Own Contact Details Address	Your Home Phone Number Your Mobile Phone Number
Your Email Address	

Is there any medical condition that we should be aware of? If yes please give details in the box below

Please tick the areas you would like to be involved with

Admissions & Shop		Guided Museum Tours		Refreshments (tours & events)		Collections Care	
Educational Events/Visits		Marketing and PR		Gardens (Fri PM only)		Administration Assistant	

Please circle the days and times you could help

Morning	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Afternoon	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Any extra skills or interests that you think may be of help to us?

This information will only be used for volunteer and Health & Safety purposes.
PLEASE LET US KNOW IF ANY OF YOUR DETAILS CHANGE