

Volunteer Enquiry Form

Please answer all questions as fully as possible. All answers will be treated in strict confidence.

Name			
Telephone number:	Mobile number:		
Email address:			
Address:			
Occupation:			
Emergency contact details	(Please provide name and contact details for a person we may contact in the event of an emergency)		
Where did you hear about volunteering with Chiltern Open Air Museum?			
How long do you hope	to be volunteering with us?	(E.g summer term	n, 3 months, long term)
		(E.g days, hours	etc)
When are you available to volunteer?			
		(E.g visitor facing	, outdoors etc.)
We offer a range of volunteering opportunities here at the Museum. Please indicate what areas of volunteer work you are interested in?		, G	,
Why do you want to volunteer with Chiltern Open Air Museum?			

Please detail any experience, qualifications or skills which you feel will be relevant to volunteering at the Museum?	
Please detail any interests you have which may be relevant to the Museum?	
Do you have any health conditions that we If yes, ple	ease let us know below:
might need to know about to support you?	
Is there anything else you would like us to know?	
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I declare that the information given on this form is true to the best of my knowledge.		
Signature	Date	
(If returning by email a typed name will count as a signature)		

Once we have received your enquiry form, we will be in touch to organise an informal chat, which is a great opportunity for us to get to know you and for you to find out all there is to know about Volunteering at Chiltern Open Air Museum.

Please send your completed form to:

volunteering@coam.org.uk or
Volunteering, Chiltern Open Air
Museum, Newland Park, Gorelands Lane,
Chalfont St Giles, Buckinghamshire, HP8
4AB

Thank you for expressing an interest to volunteer with us at Chiltern Open Air Museum. We look forward to meeting you.