

VOLUNTEER ENROLMENT FORM

Name:

Email:

Address:

Home Phone:

Mobile:

Please tick the areas that interest you the most		COMMENTS
ADMINISTRATION / RETAIL		
Reception	<input type="checkbox"/>	
Retail (involves Till / Eftpos / Reconciliation Cash)	<input type="checkbox"/>	
Administration Support (computer knowledge)	<input type="checkbox"/>	
Newsletter (Quarterly)	<input type="checkbox"/>	
COLLECTION MANAGEMENT		
Cataloguing / Archive	<input type="checkbox"/>	
Local history Research / Writing	<input type="checkbox"/>	
Photography	<input type="checkbox"/>	
Oral History	<input type="checkbox"/>	
EDUCATION		
Developing Curriculum Based Resources	<input type="checkbox"/>	
School Group Tours	<input type="checkbox"/>	
PUBLIC PROGRAMS		
Event Management	<input type="checkbox"/>	
Museum Tours & Heritage Trail Tours	<input type="checkbox"/>	
Developing Resources	<input type="checkbox"/>	
Creative Skills (please comment)	<input type="checkbox"/>	
Technical Skills (please comment)	<input type="checkbox"/>	
DISPLAYS / BUILDING MAINTENANCE / GARDENING		
Minor display maintenance	<input type="checkbox"/>	
Minor building maintenance	<input type="checkbox"/>	
Gardening	<input type="checkbox"/>	

QUALIFICATIONS – Certificates / Diplomas / Degrees / Other (please list)

Are you/were a qualified/experienced teacher?

What levels?

SKILLS – IT / Retail Technology / Carpentry / Sewing / Artistic / Other (please list)

Do you have any health issues or requirements we might need to know about? **Yes** **No**
(For example allergies etc.)

Contact person and phone number to call in case of emergency - just in case!!

Name:

Phone:

As a Waipu Museum volunteer I declare that I am a person of good standing with no record of unlawful behaviour in relation to the handling of money or dealing with children.

Signature:

Print Name:

Date: