

## **JOHN BUNYAN MUSEUM & LIBRARY**

BUNYAN MEETING, MILL STREET, BEDFORD MK40 3EU

www.bunyanmeeting.co.uk/museum

**Curator: Nicola Sherhod BA MA** 

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## **VOLUNTEER APPLICATION FORM**

Full name(s):
Title (Ms Mr etc)
Address:
Tel. contact:Email:
Please state briefly why you would like to volunteer:
Details of any other volunteering roles:
Please list the skills you might bring to this role:
Please say what you would hope to get out of volunteering:

## Availability

Please  $\sqrt{\ }$  the occasions you would be able to volunteer:

		Weekly Fortnightly			Monthly Occasional		
	Tues	Wed	Thurs	Fri	Sat		
10.45am to 1.30	pm						
1.30pm to 4.15p	m						
Where/how did y	you hear abou	ıt us?					
Please indicate	one person w	ho might voud	ch for your cha	aracter:			
Name:			Relation	onship to a	pplicant:		
Address:							
 Tel no:				•••••			
rei no							
to undergo an E	nhanced CRI	B Check.		-	useum & Library, I w		
Signed: Date:							
Dale							
For use by Curat	or/Museum Con	nmittee.					
CRB Check com							
Applicant accept							
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