**Please supply the contact details of two references:**

**Reference 1**

Name:

How do they know you?

Telephone:

E-mail:

**Reference 2**

Name:

How do they know you?

Telephone:

E-mail:

Our volunteers create unique experiences for themselves and our visitors, and work closely with our staff as one team. Our volunteers bring new skills, experience and expertise to the museum, making us stronger.

We welcome applications from people of all interests, abilities, backgrounds and communities; and reimburse travel and food expenses, in line with our policy. If you like what we do and would like to join the team, then we want to hear from you.

You must be aged 18 or over to volunteer at The Cartoon Museum.

Please send your completed form to:

[hello@cartoonmuseum.org](mailto:hello@cartoonmuseum.org)

63 Wells Street

Fitzrovia

London W1A 3AE

020 7580 8155

[www.cartoonmuseum.org](http://www.cartoonmuseum.org)

**VOLUNTEERING AT**

**The Cartoon Museum**





Registered Charity No. 327978

**Please complete this form and return it to the museum either in person or via email.**

**Contact Details**

Name:

Address:

Telephone:

E-mail:

Please confirm that you are over 18 5

**Availability**

I would prefer to volunteer on:

5 Tuesdays

5 Wednesdays

5 Thursdays

5 Fridays

5 Saturdays

5 Sundays

5 Remotely from home (flexible)

5 Mornings (10.30am - 1.30pm)

5 Afternoons (1.30pm - 5.30pm)

5 All day (10.30am - 5.30pm)

5 Weekly

5 Fortnightly

**Are you happy to volunteer for:**

5 Evening events

5 Late night opening (Thursdays till 8pm)

**Please tell us a bit about your interests, experience and any specific skills:**

**Why do you want to volunteer at the Cartoon Museum, and what kind of experience are you hoping for?**

**Is there anything else that you would like us to know?**

Any information you provide us with will be kept secure and not given out to third parties.

FOR MUSEUM USE ONLY

Date received:

Date interviewed:

Date started:

Notes: