

Office use only			
Referred		Contacted	
Interview		Referee check	
Training		Induction	
Signed			

**Attachment A to
Fort Queenscliff Museum
Volunteer Information Pack**

Volunteer Application Form

Fort Queenscliff Museum

Date of application: _____

Personal Details

First name: _____

Last name: _____

Mailing address: _____

Home phone: _____ Mobile: _____

Email: _____

Please list any health limitations: _____

Availability: _____

Emergency Details

Emergency contact name: _____

Contact number: _____ Relationship: _____

Area of interest

Visitor services Accessioning

Administration Conservation

Library Gallery/Display

Research Maintenance

Education Curatorial

Workshop Public Relations

Board

Please list relevant work experience/volunteer experience you have:

Please list any relevant education/training you have:

Please list any relevant skills you may have (for example languages):

Why do you wish to volunteer with Fort Queenscliff Museum?

Please list details of two referees

Name:	Phone no:
Association to you:	
Name:	Phone no:
Association to you:	
