**EXPRESSION OF INTEREST FORM**

**PRIVATE AND Confidential**

Thank you for your interest in volunteering with the Centre for Computing History

*Please complete this form and email to: Volunteer Coordinator, Centre for Computing History, Rene Court, Coldhams Road, Cambridge CB1 3EW or volunteers@computinghistory.org.uk.*

*In accordance with our Child and Vulnerable Adult Protection Policy, our Volunteer Programme is normally for adults aged 18 and over. Please contact us for further details if you are under 18 and looking for work experience.*

**Your contact details:**

|  |  |
| --- | --- |
| Title (Mr/Miss/Mrs/Ms/Dr/Other) |  |
| First name(s) |  |
| Surname |  |
| Current Occupation |  |
| Date of Birth |  |
| Home address | Postcode: |
| Email address |  |
| Home telephone number |  |
| Mobile telephone number |  |
| Preferred method of contact |  |

**About you**

|  |
| --- |
| Please provide a brief outline or any particular skills, interest or experience you would like to bring to your volunteer role:  |
|  |

**How did you hear about volunteering with us?**

|  |
| --- |
|  |

**Disclosure and Barring Service (DBS) Check**

Volunteers applying for roles that involve working closely with children or vulnerable adults on a frequent or intensive basis will be asked for a DBS check with Enhanced Disclosure (formerly known as CRB check). We will incur any administrative costs involved. If required for your role, would you be prepared to have an Enhanced DBS check? Yes / No (please circle)

**Special Requirements**

If you require any special requirements to be made to attend an initial induction meeting or if you have any medical conditions you would like us to take into consideration, please specify those here. This information is requested so that we may care for your needs and will be kept confidential.

|  |
| --- |
| **Your availability.** Please note that this will be used as a guide and not as confirmation of your commitment to a final schedule. |
|  | Morning | Afternoon | Evening | Regularly | Occasionally |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |
| Sunday |  |  |  |  |  |

**Emergency Contact Details**

Please give details of your next of kin to contact in case of emergency.

|  |  |
| --- | --- |
| Name |  |
| Address | Postcode: |
| Email |  |
| **Daytime tel. number** |  |

**Referees**

Please give contact details of 2 people (other than relatives / partners) who have known you for more than two years who we can contact to comment your suitability to volunteer for us.

|  |  |  |  |
| --- | --- | --- | --- |
| Referee 1Name |  | Referee 1Name |  |
| Relationship to you |  | Relationship to you |  |
| Address | Postcode: | Address | Postcode: |
| Email |  | Email |  |
| Telephone |  | Telephone |  |

Your personal information provided on this form will be kept in accordance with the Data Protection Act 1998/2003. Your information will be held securely and confidentially and accessed only by authorised persons, which shall include our funders Arts Council England.

**I am over 18 years old and I declare that the information I have provided is true.**

**Signed………………………………………………………………………………………. Date……………………….**