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**Florence Nightingale Volunteer Application form**

If you have any queries please email hollyh@florence-nightingale.co.uk or phone 020 7188 4400.

**Contact Details**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Email |  |
| Home Address |  |
| Phone  |  |
| Age  |  |

Are you able to commit to 1-2 Sundays a month? Yes No

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| Why do you want to volunteer at the Florence Nightingale museum, what are your interests?  |
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| What do you expect to get out of volunteering and how do you think this volunteer role will help you with future plans?  |
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| Please let us know if you have any additional support requirements:  |
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| Is there any other information that you would like us to know about you?  |
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| The information which you give on this form will be used in line with the Data Protection Act 1998. It will be used to enable the application to be processed; to enable the organisation to compile statistics, or to assist other organisations to do so, provided that no information that would identify you as an individual. The information will be kept securely, and will be kept no longer than necessary. |