



BDA Dental Museum volunteering expression of interest form

Name				
Address				
Email				
Please confirm you are over 18 <input type="checkbox"/>				
Telephone	Day	Evening	Mobile	
Do you have any access requirements? (e.g. Large print, hearing loop, wheelchair access)				
Your availability (please tick as appropriate)				
Mon am pm	Tue am pm	Wed am pm	Thu am pm	Fri am pm
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Varies <input type="checkbox"/>				
Please tell us a little about yourself including any experience, skills or particular interests you have. Please continue overleaf.				

Please give a referee whom we may contact

Name

Address

Tel no./Email

How do you know the referee?

I understand that any offer of volunteering with the BDA Dental Museum is subject to a satisfactory reference, and is binding in honour only.

Signature

Date

For museum staff

Reference checked?

I.D. checked?

We will keep your information secure in line with the Data Protection Act and only use it for the purposes of any volunteering you undertake.