



VOLUNTEER APPLICATION FORM

Your title:	Your surname:	Your first name:
Your address:		Your day time telephone: Your email:
Which volunteer position are you applying for?		
Please tell us why you want to volunteer with the Soldiers of Oxfordshire Museum?		
Please tell us about your availability. Eg are there any days or weeks you are not able to come in to the Museum during the specified period? Which days of the week would you prefer?		
Please tell us why you would be a good volunteer. Please refer to the specification in the advertisement and tell us about any relevant skills or experience you think might be helpful. Please use as much space as you need and/or attach a CV if you wish.		
Please give the details of two referees who have known you for at least one year and are not related to you:		
Name	Name	
Address	Address	
Email	Email	
Phone number	Phone number	

Please do get in touch if you need further advice about this form. We look forward to receiving your application.

Signed

Date

Please return this form to engagement@sofo.org.uk
Soldiers of Oxfordshire, Harrison's Lane, Woodstock, Oxon, OX20 1SS