



MORECAMBE WINTER GARDENS PRESERVATION TRUST

APPLICATION TO JOIN THE
RESTORATION AND
MAINTENANCE GROUP

Applicant Information

Full Name:	Surname	First name	Title
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Address:	Street	Town/City	Post Code
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Contact Number(s):	Email address
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Current employment status:	
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Have you volunteered for the Winter Gardens before?	If yes, give details:
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Have you any current convictions?	If yes, give details:
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Work you can do

Please indicate what you would like to do in the Theatre and feel free to add anything not listed.

Joinery		Painter		First Aider	
French polisher		Decorator		Roofer	
Scaffolder		Cleaner		PAT Tester	
Plumber		Art worker		Fire/Burglar Alarms	
Electrician		Woodworker		Health & Safety	
Stained glass		Glazier			

Details of your Trade, Profession or Skills

Are you a fully qualified Tradesperson?	If yes, what is your trade?
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What qualification did you obtain and when?	Qualification:	Year:
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Are you qualified in another profession?	If yes, what is your profession?
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What qualification did you obtain and when?	Qualification:	Year:
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Have you other skills to offer without qualifications?	If yes, what are these?
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What training if any have you undertaken?	Details:
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Last Employment

Company name and address:	Contact details: Name: Mobile: Email:
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Job title	
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Responsibilities	
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Employed from	Date	Employed to	Date
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Reason for leaving	
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Self Employment

What name did you trade under?	
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What did your business do?	
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What has happened to it	
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now?	
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Any further information about yourself

If there is anything further you would like to tell about yourself, please do. Not everything can be covered in a set of questions and we are always looking for people with varying skills to help us. Sometimes it's not a qualification that's important but a proven track record. Any past history with the theatre is always good to know too.

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References

1 reference from your last job and 1 character reference.

Full Name of referee	Surname	First name	Title
Company/ Workplace name & address			Contact details Mobile: Email:

Full Name:	Surname	First name	Title
Address:	Street	Town/City	Post Code
Contact Number(s):	Email address		

If you have any problems completing any part of this form please tell us so we can help. Contact admin@morecambewintergardens.co.uk and we will get back to you.

Once your application is received it will be acknowledged reviewed and if successful you will be asked to come to the Theatre to meet Malcolm O'Neil. If you both are happy with the

outcome of the meeting you will be placed on a register and contacted as soon as your skills can be put to use.

Thank you very much for taking the time to apply.

Disclaimer and Signature

I hereby apply to become a volunteer with Morecambe Winter Gardens.

I also agree to abide by all Morecambe Winter Gardens policies and guidelines and understand that I have a responsibility for my own and others Health & Safety while volunteering with the charity.

If accepted, I will abide by the principles of volunteering outlined in the charity's Volunteering Policy.

I agree that Morecambe Winter Gardens may hold and use the data on this form for the purpose of administering and supervising my work with the charity and that such data may be available to those who reasonably need to know the same within the charity.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Please Print your Name: _____

Date Signed: _____