**The Beatles Story**

**Volunteer Interest Form**

|  |  |
| --- | --- |
| Name:  |  |
| Contact Number:  |  |
| Email Address: |  |
| Address: |  |
| Are you over the age of 18 – Yes/No: |  |

**Availability: (Please tick what times you would be available)**

|  |  |  |  |
| --- | --- | --- | --- |
| Day of the Week | Mornings (9am – 12pm) | PM (12pm – 3pm) | Evenings (3pm – 6pm) |
| Mondays |  |  |  |
| Tuesdays |  |  |  |
| Wednesdays |  |  |  |
| Thursdays |  |  |  |
| Fridays |  |  |  |
| Saturdays |  |  |  |
| Sundays |  |  |  |
| How Many days would you like to Volunteer a week? |  |

**Please tell us why you would like to Volunteer at The Beatles Story:**

|  |
| --- |
|  |

**Once complete please email to** **victorialeyshon@beatlesstory.com**

**Please call 0151 705 6604 if you have any questions or need any assistance to fill out this form.**