



GOSFORD REGIONAL GALLERY

APPLICATION FOR VOLUNTEER POSITION

Information provided on this form will be kept confidential.

Date:

Name: _____ Phone: _____

Mobile: _____ Email: _____

Address: _____

Date of Birth: _____

Emergency Contact Person: _____ Phone: _____

Skills: _____

Areas of Interest: _____

Previous Work and Volunteer Experience: _____

Do you have your own means of transport? Yes No

A legal requirement for volunteering for a not-for-profit organisation is that volunteers undergo a national police check. Do you consent to undergo a Volunteer Police Check? Yes No

Do you speak/use other languages? Yes No Please Specify _____

Are you willing to undertake training if required? Yes No

Please identify the areas in which you would like to assist:-

- Sales Assistant
- Administrative
- Computer Companions
- Volunteer Interviewer
- Installation Team

- Gallery Guide
- Garden Guide
- Events
- Maintenance
- Security

Is there any other area where you would like to offer your assistance? _____

Medical:

Are there any health issues/disabilities/courses of treatment or restrictions that may prevent you from performing particular types of activities or that we need to be aware of to provide appropriate support and assistance if required?

How did you hear about our service? _____

Why do you wish to volunteer? _____

What would you like to gain from volunteering? _____

Signature of Volunteer Applicant.....

THE FOLLOWING TO BE FILLED IN BY VOLUNTEER ADMINISTRATOR:

Date of commencement:	Police Check completed (date):
Shift Information (Day, AM or PM SHIFT) Roster Given: YES / NO (Please Circle)	
Volunteer role:	
Record of training:	
Trial Period (6 month) Interview Date:	

Signed