

# GOSFORD REGIONAL GALLERY

## APPLICATION FOR VOLUNTEER POSITION

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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:**

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

Signed