



# Maitland Regional Art Gallery (Maitland City Council) volunteer application form

ABN 11 596 310 805

Information provided in this form will be treated as confidential. It is deemed to be personal information and, therefore, is covered by privacy legislation. The information will not be used for any purpose other than its stated intent and will only be made available to relevant authorised officers within Council.

Please return completed form to **Maitland Regional Art Gallery, PO Box 220, MAITLAND NSW 2320**

## APPLICANTS DETAILS:

**Applicants Name:**

Applicants Full Name

**Postal Address:**

Address

Town/City  Postcode

**Contact Details:**

Phone Number:  After Hrs:

Fax Number:  Mobile:

Email Address:

## VOLUNTEER WORK DESIRED

Please tick boxes for areas of interest

Cultural Services (any area)	<input type="checkbox"/>	Education and workshops	<input type="checkbox"/>
Reception and Administration	<input type="checkbox"/>	Events Team	<input type="checkbox"/>
Curatorial	<input type="checkbox"/>		<input type="checkbox"/>
Installation 'hanging' Team	<input type="checkbox"/>		<input type="checkbox"/>

## AVAILABILITY

Please indicate days and times that you would generally be available

Morning  Afternoon  Evening

Weekly  Fortnightly  Monthly

Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Is your commitment to volunteering at MRAG connected with outside organisations such as employment agencies?

Yes  No

Please provide a brief summary of current or previous occupation/work experience

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Please provide details of any previous volunteer work.

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Do you have any particular skills/hobbies which will be of use in your volunteer work?

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What computer skills do you have? If any.

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Do you speak another language, other than English, that you would like us to be aware of?

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Do you have any disabilities or health problems that could affect your ability to perform certain tasks involved in volunteer work?

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Please supply two personal referees who can be contacted during business hours (9am-5pm)\_\_\_\_\_

- Please attach a copy of your CV to this application
- Please supply details of an emergency contact\_\_\_\_\_

If you are volunteering to work with the elderly, people with disability, youth and/or children, you may be required to consent to Council undertaking a criminal record check. Are you willing to give permission to undertake the check?

Yes                      No

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE USE ONLY:**

Volunteer No.:

Entered in Database

Receipt No.:

Initials of input officer

File No:  Referred to:

Comments:

Commencement date:

References checked: If yes, date checked

Supervisors Signature:                      Date: