



LAKE MACQUARIE CITY ART GALLERY
APPLICATION TO BE A GALLERY VOLUNTEER

Ref :F2004/11291
ABN: 81065027868

Volunteer details:

Preferred title: Mr Mrs Ms Miss Dr Prof

Surname _____ Given Names _____

Preferred Name _____ Date of birth _____

Postal Address _____

_____ Postcode _____

Homephone: _____ Workphone _____ Mobile _____

Email _____ Country of birth _____

Do you have a current Driver's Licence? Yes No

Licence number: _____

Person to be notified in case of an emergency:

Contact Surname _____ Contact Given Names _____

Relationship to you _____ Address _____

Postcode _____

Home phone: _____ Work phone _____

Mobile _____

Do you have any physical or medical limitations or are you on any medication or under any course of treatment that might limit your ability to perform certain types of activities?

Yes No If yes, please describe _____

I WOULD LIKE TO ASSIST WITH THE FOLLOWING AREAS:

Please tick (√) applicable boxes:

- mailouts
- exhibition openings and events
- front of house assistance in the gallery
- administration
- tour guiding
- assisting with workshops
- installation of exhibitions
- collection and exhibition research

Are you prepared to commit to our volunteer training program, which is run annually over a six month period?

- Yes Signature _____

After initial training I should be available;

Please tick (√) applicable boxes;

- monthly
- fortnightly
- weekly

What times of the day would you be available to work at Lake Macquarie City Art Gallery? This is only an indication for allocations to be made and discussed with you. Please tick (√) applicable boxes;

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 10–1pm						
Afternoon 1-4pm						

After initial training I will also be available;

- as emergency stand - in support (we will contact you – sometimes at short notice to see if you are available to help). Please tick (√) applicable boxes:

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 10–1pm						
Afternoon 1-4pm						

How did you hear about our Volunteer Program?

- as a gallery visitor
- from a family friend or relative
- from an existing volunteer
- on LMCC website
- from a newspaper
- from Facebook
- from radio

Other please indicate _____

Applicant signature _____ **Date** _____

Applicant name printed

Please fill out this form and fax or send to the address below. On receipt of your application, the gallery will contact you to acknowledge receipt of your application. Please note that receipt of this application is not a guarantee of volunteer placement.

Under the Privacy & Personal Information Protection Act (PPIPA) Council is required to advise you that personal information being collected from you in relation to the Art Gallery Volunteer g list will only be used for the lawful and proper functions of Council. Any such use will be in accordance with this Act and it's associated Management Plan and Codes.

**Lake Macquarie City Art Gallery Box 1906 Hunter Region Mail Centre NSW
2310**

T: (02) 4965 8260 F (02)4965 8733

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www.artgallery.lakemac.com.au