



# Hastings City Art Gallery

## Volunteer Programme Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

\_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your reasons for choosing to volunteer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any Volunteering Experience?

\_\_\_\_\_

\_\_\_\_\_

Special Skills/Interests: \_\_\_\_\_

\_\_\_\_\_

Do you have any Gallery/Museum Sector experience? \_\_\_\_\_

\_\_\_\_\_

Do you have any Art handling experience? \_\_\_\_\_

\_\_\_\_\_

Are you a practising artist? \_\_\_\_\_

\_\_\_\_\_

Do you have any event/Host experience? \_\_\_\_\_

What would you most like to achieve by volunteering at the Hastings City Art gallery? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Hours you are available for volunteer duties:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIMES							

*(Gallery is open 10 – 4.30pm 7 days, with some evening events)*

**Emergency next of kin/Contact person: Name:**

\_\_\_\_\_

**Phone numbers: Home** \_\_\_\_\_ **Cell/ Work** \_\_\_\_\_

Have you had any injuries, ACC claims, or medical conditions caused by a gradual process, disease or infection, that may be aggravated by the tasks of this job?

YES / NO

If yes, please give details:

Signed and Dated:

\_\_\_\_\_