



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:
