

VOLUNTEER APPLICATION FORM						
First Name :		Last name:				
Address :					Best contact	
Phone:					<input type="checkbox"/>	
Mobile:					<input type="checkbox"/>	
Email :					<input type="checkbox"/>	
Emergency Contact:	Name			Phone		
GENERAL DETAILS						
Relevant education/training and/or work experience:						
Skills:						
Languages spoken:						
Special Interests:						
Please outline your interest and motivation for volunteering:	<input type="checkbox"/> Community Service				<input type="checkbox"/> Social Engagement	
	<input type="checkbox"/> Work Experience				<input type="checkbox"/> Develop New Skills	
	<input type="checkbox"/> Professional Development					

Referee:					Phone:	
Availability: Project/Event Based						
Best availability: please tick all/any	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat <input type="checkbox"/> Sun
Preferred times: please tick all/any	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Any <input type="checkbox"/>		
Flexible? Any specific exclusions? (please specify)						

Preferred role/s:	(please tick any/all applicable – noting that separate training/induction may apply to each)	
Gallery Guides (welcome/tours/talks)	<input type="checkbox"/> PENRITH REGIONAL GALLERY <small>HOME OF THE LEWERS BEQUEST</small>	Please tick your preference/interest area/s
Invigilation	<input type="checkbox"/> PENRITH REGIONAL GALLERY <small>HOME OF THE LEWERS BEQUEST</small>	
Event Support	<input type="checkbox"/> PENRITH REGIONAL GALLERY <small>HOME OF THE LEWERS BEQUEST</small>	

I have, or am in the process of applying for, a Working With Children Check.
 My WWCC number is _____ (or in progress)
 My Date of Birth is _____ (DD/MM/YYYY) (required to verify the WWCC)

 Signature

 Date