Penrith Regional Gallery
Lewers

VOLUNTEER APPLICATION FORM			
First Name :		Last name:	
Address :			Best contact
Phone:			☐
Mobile:			☐
Email :			☐
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:	☐ Community Service ☐ Work Experience ☐ Professional Development ☐ Social Engagement ☐ Develop New Skills		
Referee:		Phone:	

Availability: Project/Event Based							
Best availability: please tick all/any	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Preferred times: please tick all/any	Morning ☐	Afternoon ☐	Evening ☐	Any ☐			
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)	☐ PENRITH REGIONAL GALLERY HOME OF THE LEWERS BEQUEST	Please tick your preference/interest area/s
Invigilation	☐ PENRITH REGIONAL GALLERY HOME OF THE LEWERS BEQUEST	
Event Support	☐ PENRITH REGIONAL GALLERY HOME OF THE LEWERS BEQUEST	

☐ 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