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| ORIEL DAVIES GALLERY VOLUNTEER APPLICATION FORM  | A picture containing graphical user interface  Description automatically generated |
| Name |   |
| Address |   |
|   |
|  |
| Postcode |   |   |  |
| Mobile |   | Home No. |   |  |
| Email |   |  |
| Emergency Contact  |  |
| Name |   |  |
| Relationship |   |  |
| Mobile No. Number |   |  |
| Home No. |   |  |
| Are you employed/ unemployed/ retired/ a student? Please provide any relevant information.  |  |
| Why do you wish to volunteer with Oriel Davies Gallery?   |  |
| When might you be available to volunteer? (This is just to give us a rough idea and we will not hold you to these times!) How many hours would you like to volunteer per week?  |  |
| Tuesday  | Wednesday  | Thursday  | Friday  | Saturday  | Sunday  |  |
| 12 -2  | 12 -2  | 12 -2  | 12 -2  | 12 -2  | 12 -2  |  |
|  |
| 2-4  | 2-4  | 2-4  | 2-4  | 2-4  | 2-4  |  |
|  |
| Do you have any relevant skills, knowledge or previous experience that you think might be useful for this role?   |  |
| Do you have any health considerations relevant to volunteering?  |  |
| References  |  |
| Please give two references to whom confidential enquirers will be made . (References cannot be family members) |  |
| Name |   | Name |   |  |
| Address |   | Address |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| Postcode |   | Postcode |   |  |
| Please tick box to confirm consent for the information to be held by OrielDavies Gallery in line with government GDPR regulations  |   |  |
|  |
| Thank you for completing this form, please to Oriel Davies Gallery: desk@orieldavies.org Oriel Davies Gallery The Park, Newtown, Powys SY16 2NZ |  |
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