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| --- | --- | --- | --- | --- | --- |
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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 |  |
| Email |  | | Email |  | |  |
| 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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