



Volunteer registration form

Manning Regional Art Gallery

12 Macquarie Street, Taree NSW 2430

P: (02) 6592 5455 / E: art.gallery@midcoast.nsw.gov.au

The following information will assist the Gallery and MidCoast Council to meet their volunteer management obligations. The Friends of the Manning Regional Art Gallery Committee assisted in the preparation of this registration form. If you have any questions about the completion of this form, please contact Gallery staff.

Date: _____

Full name: _____

Address: _____

Phone: _____

Email: _____

Emergency contact: _____

Contact phone: _____

Do you have a medical condition or disability that may affect or restrict the type of volunteer work you are undertaking? If so, please provide details, or indicate if you would like to discuss in person.

Please provide details of any medical condition that may assist us to respond in case of an emergency (e.g. allergies, epilepsy, or diabetes - you may wish to include any prescribed medication you need to carry with you)

Please indicate what areas you are interested in, as well as your availability or experience:

Gallery Reception: _____

Please indicate preferred time slot and availability 10am to 1pm or 1pm to 4pm

Wednesday am or pm Thursday am or pm Friday am or pm Saturday am or pm

Sunday pm

Exhibition installation: _____

(Every 4 to 8 weeks, Monday, Tuesday Wednesday)

Functions or Events: _____

Collection cleaning: _____

Catering/hospitality: _____

Cataloguing/database: _____

Marketing/publicity: _____

Other (please specify): _____

Do you have any special skills you could use at the Gallery e.g. languages? Please specify.

What are your reasons for wanting to volunteer at Manning Regional Art Gallery?

Declaration

- I understand that volunteers do not receive payment of any kind
- I agree to follow the policies and procedures of Manning Regional Art Gallery and MidCoast Council
- I agree to advise my availability, arrive promptly and dress suitably
- I will complete an attendance record for each shift
- I agree to behave in a manner that enhances Manning Regional Art Gallery's reputation as a cultural service of MidCoast Council.
- I consent to this information being provided to emergency services, medical practitioners, supervisors and co-workers on a need to know basis.

Signature _____ Date ____/____/____