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**Childers Arts Space** 

BRAG 1 Barolin St Bundaberg QLD 4670 P 07 4130 4750 CHARTS 72 Churchill St Childers QLD 4660 P 07 4130 4876

ABN 72 427 835 198

# BUNDABERG REGIONAL GALLERIES VOLUNTEER APPLICATION FORM

Council is collecting your personal information for the purposes as outlined on this form. This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Privacy Statement governed by the *Information Privacy Act 2009*. Visit bundaberg.qld.gov.au/privacy for further information.

**Bundaberg Regional Art Gallery** 

#### **SECTION 1: LOCATION PREFERENCE:**

Where would you like to volunteer?

SECTION 2: APPLICANT I	NFORMATION				
Title (Mr/Mrs/Ms, etc)	Name			D.O.B	
Postal address					
Suburb		State		Postcode	
Daytime phone			Mobile		
Email (required)					
Emergency Contact	Name			Phone	
	Relationship				

#### **SECTION 3: VOLUNTEER POSITIONS**

Please select the volunteer position/s for which you are applying

Front of House (Customer Service)	Events Crew (e.g. Exhibition openings)	
Activities Crew (e.g. Workshops)	All Positions	

### **SECTION 4: AVAILABILITY**

Please indicate the day/s you are available to volunteer

Mondays	Fridays
Tuesdays	Saturdays
Wednesdays	Sundays
Thursdays	Public Holidays

Please indicate what shifts you would generally be available to volunteer with us

Morning	Afternoons	
Evenings (events only)		

What is the maximum length of shift you would be available for? Half Day: Full Day (Meal break to be scheduled): BRAG: 10am - 2pm BRAG: 10am -4pm CHARTS: 10am - 2pm CHARTS: 9am - 4pm Please indicate how often you would like to volunteer Weekly, please indicate number of days per week: Fortnightly Monthly Do you have any prior commitments affecting your availability throughout the year? Is there any further information you would like to provide about your availability, or your shift preferences? **SECTION 5: ABOUT YOU** Is your commitment to volunteering connected with outside organisations such as employment agencies and/or Centrelink? Yes (please state number of hours per fortnight) No Why would you like to volunteer with the Galleries? Are you interested in the Arts? Do you have any relevant skills or hobbies?

## **SECTION 6: VOLUNTEER / WORK EXPERIENCE**

Please provide a summary o	f your current or p	orevious emp	ployment and/or volu	inteer wo	ork.			
Name of Workplace								
Position								
Duties Performed								
SECTION 7: ADDITIONAL INF	ORMATION							
Manual Handling is required	for certain duties	. Do you hav	e any conditions that	t may im <sub>l</sub>	oact you	r abil	lity to	
perform such duties? If yes,	please indicate if	you would ra	ther discuss in perso	n.				
Do you have a current Blue (	Card?							
Yes, Expiry Da	te:/_		No					
If you are volunteering to wo	ork with the elder	v, people wi	th a disability, and/o	r childrer	n, you m	av be	requir	ed
to consent to Council undert					-	-		
undertake the check?	Ü		, , ,	·				
Yes			No					
SECTION 8: REFEREE DETAIL	s							
Please provide details of two	professional refe	rees who we	e can contact during l	ousiness	hours			
Name				Phone				
Relationship to applicant								
SECTION 9: DECLARATION								
ı	,	declare that	: all information prov	ided in th	nis applio	catior	n is cor	rect.
(Full name)								
I understand that in accept	ing a Bundaberg R	tegional Gall	eries Volunteer posit	ion, I will	be requ	ired t	to parti	icipate
in Workplace Health and Sa	ifety (WHS) and a	ssociated tra	ining, as required by	the Bund	daberg R	egior	nal Cou	ncil, to
ensure safety in the workpl	ace.							
Sign				Date	/		/	