



Location:
70 – 78 Keppel Street
BATHURST NSW 2795

Telephone 02 6333 6555
www.bathurstart.com.au
brag@bathurst.nsw.gov.au

Correspondence to:
Private Mail Bag 17
BATHURST NSW 2795

BATHURST REGIONAL ART GALLERY VOLUNTEER APPLICATION

SECTION 1: Contact Details

Name	
Address	
Mobile phone	
Home phone	
Email	
Emergency contact – name	
Emergency contact – phone	

SECTION 2: Experience

What area are you interested in volunteering?	<input type="checkbox"/> Front desk <input type="checkbox"/> Guides
Availability	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Anytime <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Skills, interests or work experience?	
Do you have any existing medical conditions, injuries or disabilities that could affect your work?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please give details:
Do you have a current Working with Children Check (WWCC) or are you willing to obtain?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide number:
Referee	Name: _____ Phone: _____

SECTION 3: Declaration

I declare this information to be true and correct to the best of my knowledge	
Signature of applicant	Date

OFFICE USE ONLY

Date application received	
<input type="checkbox"/> Confirmation letter sent	<input type="checkbox"/> Induction completed (date):

The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.