



**APPLICANT'S DETAILS**

NAME  DATE

POSTAL ADDRESS  POST CODE

PHONE NUMBER

EMAIL

Please Note: All gallery and roster information are provided by email. All gallery volunteers must have access to email

Have you previously volunteered with Byron Shire Council? If yes what Role?:

Yes

No

You are between the ages of 18 and 90?

Note: Public Liability Insurance not provided if not in the above age bracket.

Yes

No

Are you subject to Centrelink Mutual Obligations requirements?

Yes

No

Do you have a current drivers licence?

Yes

No

If yes Licence No.

Expiry Date:

**EMERGENCY CONTACT DETAILS:**

NAME

Relationship

CONTACT NUMBER

**APPLICANT AVAILABILITY - PREFERRED DAY:**

MON TUE WED THU FRI SAT

**AVAILABILITY - NUMBER OF SHIFTS PER MONTH:**

Please Note: Minimum of 2 shifts per month required

**2 SHIFTS PER MONTH**

or

**4 SHIFTS PER MONTH**

**SUPPORTING INFORMATION**

Why would you like to volunteer at Lone Goat Gallery?:

**HEALTH AND FITNESS**

Please provide details of any disabilities, medical conditions or allergies that we should be aware of.

**SKILLS AND ABILITIES**

Please list the skills and abilities you have that will enable you to assist Lone Goat Gallery in this volunteer role:

**DATE OF AVAILABILITY TO BEGIN VOLUNTEERING:**

**Experience as an artist or creative industries?**

**Any other information you wish to include:**

**Would you like to volunteer at exhibition openings?**

Yes

No

**Volunteers sit the gallery solo, are you comfortable with this?**

Yes

No

**Photographic Permission**

Please indicate if you give permission for Council to reproduce photographs/video footage taken of you in our various publications and to the granting of a non-exclusive licence, including use by the media

Yes

No

**ATTENTION: APPLICANT - PRIVACY NOTIFICATION FORM**

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The information may only be made available through this or other relevant Acts and Regulations that may apply.

The intended recipients of the personal information are:  officers within the Council; agents or data service providers engaged by the Council

The supply of the information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may be unable to process your application. Council is collecting this personal information from you in order to process this Volunteer Application.

If selected for the Volunteer Role your name and contact details may be made available to other officers of Council

You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the Act. Enquiries concerning this matter can be addressed to the Information Service Department of Council. Council is to be regarded as the agency that holds the information.

Thank you for your time to complete this Expression of Interest. You will receive a response in due course.

**VOLUNTEER DECLARATION**

Signature of Applicant:

Date:

**RETURN VOLUNTEER EXPRESSION OF INTEREST TO:**

**Email:**

**info@lonegoatgallery.com**