

Volunteer Interest Form

All information given below will remain private and confidential.

Surname:		
Name:		
Address:		
Town:	State:	Postcode:
Phone:	Email:	
Emergency Contact Person:		
Phone:		
Relationship:		

Please indicate below what areas you are interested in participating in.

Area of Interest	Yes	No
Front of House		
Art Prize (Biennial)		
School Groups		
Administration		
Exhibition changeover		
Available on –call?		
Talks/ Workshops		

Please indicate what days/ times (**am**: 10 -1pm, **pm**: 1- 4pm) you are available for volunteering.

	Tues	Wed	Thu	Fri	Sat	Sun

Volunteer Signature:

Date: