Text

Description automatically generatedVOLUNTEER  
REGISTRATION FORM

|  |  |
| --- | --- |
| YOUR NAME |  |
| ADDRESS |  |
| E-MAIL |  |
| PHONE  . |  |
| DOB |  |

|  |  |
| --- | --- |
| Consent for Volunteers Under 18 |  |
| Name of Parent/ Guardian: |  |
| Signed parent /Guardian |  |

|  |  |
| --- | --- |
| PLEASE PROVIDE TWO CONTACTS AS REFEREES AND STATE THE CAPACITY IN WHICH THEY KNOW YOU: | |
| 1. | 2. |

Due to the nature of the role, Newlyn Art Gallery Ltd may require you to be subject to references and in some cases to a Criminal Records Bureau Enhanced Disclosure.

Have you have already been DBS checked?   
YES NO Date of Check: .........................

THIS INFORMATION WILL BE KEPT FOR THE PURPOSES OF THE GALLERY VOLUNTEERS RECRUITMENT ONLY AND WILL NEVER BE DISCLOSED TO A THIRD PARTY.

EMERGENCY CONTACT DETAILS

|  |  |  |
| --- | --- | --- |
| Emergency Contact  Name |  | |
| Address  Postcode |  | |
| Phone  Please indicate if you have a preference how we contact you. | Daytime | Evening |

|  |  |  |
| --- | --- | --- |
| Emergency Contact  Name |  | |
| Address  Postcode |  | |
| Phone  Please indicate if you have a preference how we contact you. | Daytime | Evening |

|  |
| --- |
| Please let us know if you have any specific requirements to enable you to volunteer. This may be with access, hearing, extra support or anything else. |
|  |

|  |
| --- |
| Image please insert or draw a picture of yourself ☺ |

Signed ………………………………………………….… Name ………..…………….………………………………

Date …………………………………………………..……

Shape

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