

MIKE CARNEY

Creative Industries Centre

More than art...

Volunteer Application Form

This information will be kept confidential.

Section 1: Personal Information

Volunteer Name		Preferred Name	
Address			
Telephone		Mobile	
Email		Date of Birth (required for insurance purposes)	
Are you <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed Full time <input type="checkbox"/> Employed Part time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed			
Why do you want to volunteer at the Mike Carney Creative Industries Centre?			
What skills and experience can you offer?			
What are your interests and/or hobbies?			
Do you have a first aid certificate? <i>(not essential)</i>			
Do you have a current Blue Card? <i>(not essential)</i>			

Section 2: Your General Availability

When can you commence?							
How often are you available?	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> On Call <input type="checkbox"/> Other _____						
Please complete below to provide us with an indication of your availability (please either use M for mornings, A for afternoons, or B for both):							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Public Holidays
The hours and work patterns will be discussed with you and agreed between yourself and the Centre.							

Section 3: Area of Interest within the Centre

<input type="checkbox"/> All areas <input type="checkbox"/> Centre Maintenance <input type="checkbox"/> Galleries <input type="checkbox"/> Marketing/Promotions	
<input type="checkbox"/> Centre Retail Space <input type="checkbox"/> Centre Administration <input type="checkbox"/> Centre Workshops and/or events	
Please indicate your areas of specific interest	
<input type="checkbox"/> Staffing galleries <input type="checkbox"/> Exhibition installations <input type="checkbox"/> Exhibition openings	
<input type="checkbox"/> Developing workshops <input type="checkbox"/> Events/promotion <input type="checkbox"/> Gallery administration	
Do you have experience working in an art gallery, retail, admin or similar environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have computer skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How would you best rate your level of computer skills?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> None
Please briefly describe your experience and also which computer programs you use.	
How long have you lived in the Charters Towers region?	

96-98 Mosman Street Charters Towers QLD 4820 Australia P 07 4737 9757 M 0476590004 E admdcct@gmail.com

Operated by DCCCT Ltd ACN: 167 131 366 As Trustee For Dalrymple Community Cultural Centre Trust ABN: 22 453 043 038

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Section 4: Medical Information

Is there any reason you would be prevented from undertaking any particular aspects of the voluntary role or that may affect your health and safety and/or that of others that DCCCT Ltd should be aware of?

Yes - provide details No

Details (attach separate sheet if necessary):

This information is required prior to commencing your voluntary service

Section 5: Emergency Contact Information

Please provide two contact persons we may contact in the event of emergency:

Name		Home Phone		Mobile	
Name		Home Phone		Mobile	

Section 6: Other Agreed term and or conditions

	Referral Agency :	
	Activity details	
	Other terms and or conditions	

The information detailed on this application is true to the best of my knowledge. I understand that as a volunteer I will be required to attend training where reasonably necessary and that I am subject to all relevant workplace legislation, policies and procedures.

Volunteer Signature: _____ **Date:** _____

***If under 18 years of age, The Creative Industries Arts Centre must have the volunteer's parent or legal/recognised guardian consent:**

Name of parent, legal/recognised guardian: _____ **Signature:** _____

Date: _____

Processing your application:

We thank you for taking the time to complete this form and to offer your services on a voluntary basis.

Once DCCCT Ltd reviews this form an authorised person will be in contact with you to discuss your application and rostering of your time.

Form Number: HR 101 Volunteer Application Form
Authorised By: DCCCT Ltd
Document Maintained By: DCCCT Ltd

Version No: 3.0
Initial Date of Adoption: 2017
Current Version: V4 11 Oct 2023

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