Mission Gallery | Volunteer Application

Please complete all sections and return to retail@missiongallery.co.uk

|  |  |
| --- | --- |
| Name (inc title): |  |
| Address: |  |
| Postcode: |  |
| Contact number(s): |  |
| Date of registration: |  |
| Email: |  |

# Emergency Contact Details

Please provide details of someone to contact in the unlikely event of an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Home Tel: |  |
| Relationship to you: |  | Mobile Tel: |  |

Your interests

Please tell us why you are interested in volunteering?

Have you volunteered before?

If yes please give details.

Which area(s) you are interested in volunteering with:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Front of house** |  |  | **Administration** |  |
| **Learning for adults** |  |  | **Learning for children** |  |
| **Family activities** |  |  | **Community activities** |  |
| **Events** |  |  | **Marketing** |  |
| **Exhibitions, inc prep.** |  |  | **Housekeeping** |  |
| **Website** |  |  | **Fundraising** |  |

How do you prefer to work?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Practical/hands on |  |  | **Flexible/ I don’t mind** |  |
| **Computer based** |  |  | **Non-computer** |  |
| **Public facing** |  |  | **Back office** |  |
| **In a team** |  |  | **Lone working** |  |

Skills, Experience and Hobbies

Please tell us a little bit about your skills, experience and hobbies.

Educational Background

Do you have any of the following?

###### If so please indicate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driving Licence** |  |  | **Own vehicle** |  |
| **CRB Check** |  |  | **First Aid** |  |

Please let us know your availability…

e.g. Full time, part time, one off project, only evenings, mornings, every Monday etc

Explain as fully as you like here.

|  |
| --- |
|  |

The gallery is not open to the public on Mondays however we occasionally hold educational events on this day. Also, we do not open in the evenings however we occasionally host private viewings after the gallery is closed.

Please indicate your availability to volunteer by highlighting the days below.

Day Mon Tue Wed Thu Fri Sat Sun

Eve Mon Tue Wed Thu Fri Sat Sun

Are you 16-18 years old?

We may have some opportunities particularly designed for Young People. If you are 16-18 let us know your date of birth so we can let you know of opportunities which may arise.

|  |  |
| --- | --- |
| Date of Birth  (DD/MM/YY) |  |

Access and support requirements

###### Let us know if you require additional support to help your volunteering

Do you consider yourself to be a disabled person? Yes No

|  |
| --- |
| Are there any particular adaptations or access arrangements, which would assist you? |
|  |

Are there any health issues we should be aware of?

How did you hear about volunteering with us?

Please note for certain volunteering roles such as dealing with collections, conservation and vulnerable people a reference will be required. Have two references ready to hand if we contact you.

Please return your completed application form by email.

###### If you are unable to email your form post it to:

###### Volunteering

Mission Gallery

Gloucester Place

Maritime Quarter

Swansea

SA1 1TY

Equalities Monitoring

Mission Gallery is working to ensure that its workforce, including volunteers, reflects the city’s diverse population. We can only judge our success in this area if we have full information regarding the gender, ethnicity and disability of all prospective volunteers.

The information will be kept confidential and used only for monitoring purposes. This monitoring form will be separated from your application form and will be placed into our confidential monitoring database.

Please indicate your answers by highlighting your answer.

1. How would you describe your ethnic origin?

### White

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy (including English, Scottish and Roma Gypsy) or Irish Traveller

Eastern European

Any other White background (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Mixed/Multiple ethnic groups

White and Black Caribbean

White and Black African (non Somali)

White and Asian

Any other Mixed/Multiple ethnic background (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Asian/Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Black/African/Caribbean/Black British

African (non Somali)

Somali

Caribbean

Any other Black/African/Caribbean background (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Other ethnic groups

Arab

Iranian

Iraqi

Kurdish

Turkish

Any other ethnic group (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say

1. What is your gender?

Female Male Prefer not to say

# 3. Are you transgender?

(Is your gender identity different from the gender you were assigned at birth)

Yes No Prefer not to say

4. What is your age group?

15 or under 16 – 25 26 – 35 36 – 49 50 – 64

65 – 74 75 and over Prefer not to say

5. Do you consider yourself to be a disabled person?

The Disability Discrimination Act 1995 defines disability as “a physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.”

Yes No Prefer not to say

5b. It helps us to know whether we are reaching all disabled people, please can you tick the relevant impairment (disability) group below and you are welcome to tick more than one box if appropriate.

Physical impairment Visual impairment

Hearing impairment Deaf BSL user

Learning difficulties Specific learning difficulties like dyslexia

Mental and emotional distress A health condition e.g HIV, multiple sclerosis.

Prefer not to say

6. Please say how you would usually describe your sexual orientation?

Lesbian Gay Bisexual

Heterosexual (Straight) Prefer not to say

7. What is your religion? (Each category includes all denominations and sects)

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Any other religion (Please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No religion

Prefer not to say

8. I do not wish to provide any of the information requested on this form.

Thank you for taking the time to complete this equalities monitoring form.