



Front of House Volunteer Application

The Tweed Regional Gallery relies on a dedicated and professional team of Front of House (FOH) volunteers to welcome visitors, provide information, and maintain a presence in the galleries for the comfort and safety of the general public and the protection of the artworks. FOH Volunteers also assist the Cashier and the Administrative Officer with various tasks as directed. Volunteers provide customer service and they direct queries and complaints to their supervisor or the appropriate staff member.

Volunteers are required to follow the Volunteer Policy and abide by Council's Code of Conduct and any other relevant legislative requirements.

Volunteering at the Gallery involves at least one 3 ½ hour shift per month. The morning shift is10.00am to 1.30pm and the afternoon shift is 1.30pm to 5.00pm, Wednesday to Sunday. There is a 15 minute break for each shift.

Volunteering is an enjoyable way of making sure that you see each exhibition, and a wonderful way to meet interesting people. Volunteering will also give you a better understanding and appreciation of the operations and functions of a professional and well-respected public art gallery. Once you become a FOH Volunteer you can also apply to become a *Volunteer Gallery Guide*.

If you are interested in volunteering, please complete the attached registration form and email the form to galleryvolunteers@tweed.nsw.gov.au

or post to:

Tweed Regional Gallery Attention: *Administrative Officer* 2 Mistral Rd Murwillumbah NSW 2484

Telephone: 02 6670 2175 Email: galleryvolunteers@tweed.nsw.gov.au

If you are interested in helping the Friends' committee with catering and fund raising functions please email galleryfriends@tweed.nsw.gov.au

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### Front of House Volunteer - Expression of Interest

SURNAME:	 
FIRST NAME:	 
ADDRESS:	 
SUBURB:	 POST CODE:
PHONE:	 MOBILE:
EMAIL:	

If you are interested in becoming a **Volunteer Gallery Guide**, first apply to become a Front of House Volunteer in order to become familiar with the operations of the Gallery

#### I would like to be considered for the Guide Program YES NO

Please summarise your work and volunteering history plus any qualifications, experience, interests and hobbies you have that you believe will be of benefit as a volunteer at Tweed Regional Gallery & Margaret Olley Art Centre.



Please email to: galleryvolunteers@tweed.nsw.gov.au or send to: Tweed Regional Gallery & Margaret Olley Art Centre Attention: *Administrative Officer* PO Box 816 Murwillumbah 2484

Or you can hand this form in to the Reception desk at the Gallery

The Volunteer Coordinator will contact you to discuss your expression of interest. If you have not been contacted after 4 weeks, please phone **02 6670 2790.** 







# Front of House Volunteer Registration Form

Volunteer Details					
Preferred Title: Mr					
Surname:					
Given Names: Preferred Name:					
Postal Address:					
Post Code:					
Work Phone: Home Phone:					
Mobile:					
Email:					
Are you between the ages of 18 and 90 years? Yes I No I Date of Birth (This information is required for insurance purposes) Do you have a current driver's licence? Yes I No I Licence No: Do you have any physical or medical limitations, or are you on any medication, or under any course of treatment which might limit your ability to perform certain types of activities? Yes I No I If yes, please describe:					
Availability Please indicate the days and times you would be available:AM session $3\frac{1}{2}$ hours $(AM) = 10.00am$ to $1.30pm$ PM session $3\frac{1}{2}$ hours $(PM) = 1.30pm$ to $5.00pm$ Regular RosterWeekly $\square$ Fortnightly $\square$ Monthly $\square$ Other					
Weds AM Thurs AM Fri AM Sat AM Sun AM					
Weds PM Thurs PM Fri PM Sat PM Sun PM					





## Front of House Volunteer Registration Form

### **Emergency Roster?**

You will be contacted, sometimes at short notice, to see if you are available to help.

Yes 🗖 No 🗆	ז					
Weds AM□	Thurs AM	Fri AM	Sat AM□	Sun AM⊡		
Weds PM	Thurs PM	Fri PM🗖	Sat PM	Sun PM⊡		
Anytime 🗖						
Other comme	nts					
How did you	hear about Co	uncil's Volunt	eer Program?			
Referral from Family/Friend/Relative		elative	Referi	al from TSC Volunte	er 🗖	
Tweed Link			TSC V	TSC Website		
Tweed River	Art Gallery					
Emergency Contact Details						
Contact Surname:						
Contact Given Names:						
Relationship t	o you:					
Address:				Postcode:		
Home Phone:			Work F	Phone:		
Mobile:						





## Front of House Volunteer Registration Form

#### **Volunteer's Declaration**

I certify that the information I have provided is true and correct. I understand and agree to the following conditions of volunteering:

- 1. No payment will be made to me by Tweed Shire Council.
- 2. Only when I am assisting Council in a clearly defined volunteer capacity and that assistance is approved by Council, will I be covered for Public Liability Insurance.
- 3. Should any incident or near miss (resulting in injury or damage to property or other parties) occur while I am acting as a volunteer of Council, I will notify my supervisor immediately.
- 4. Tweed Shire Council will not cover costs incurred by volunteers driving private vehicles. Comprehensive car insurance is recommended.
- 5. I have read and understand Council's Volunteer Policy and Issue Resolution Procedures.
- 6. I understand that Council can terminate this arrangement without notice where the volunteer need no longer exists or the provisions of the Volunteer Policy are not adhered to.

Volunteer Signature: _	Date:	
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#### **IMPORTANT NOTICE:**

Council will not disclose your personal information beyond the relevant officers of Council unless required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose some personal information to relevant Council committees. By completing and signing this registration form you are giving consent to Council to manage your personal information in the manner described.

OFFICE USE ONLY: Program Manager: Susi Muddiman, Galle	ry Director
Signature:	Date:
Received by Administrative Officer	
Signature:	Date:
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