

Volunteer Registration



If you have any questions or need any support completing this form, please contact the Volunteer team at Mall Galleries; 17 Carlton House Terrace, London, SW1Y 5BD

Email: volunteers@mallgalleries.com Telephone: 020 7930 6844

Personal details

Friends of Mall Galleries card number

Forename(s) Surname

Address

Postcode Email

Mobile phone Date of Birth / /

The Role

Which role are you interested in?

About you

Why would you like to volunteer with Mall Galleries?

.....
.....

Do you have any concerns about volunteering or any specific access/support issues we might be able to help with?

.....
.....

What would you like to achieve through your voluntary work with us?

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.....

What skills or experience do you think you could bring to the role you are applying for?

.....
.....

Which are your favourite FBA exhibitions and why? (list a maximum of three)

.....
.....

Do you have any of the following professional skills?

- Database experience
- Reception
- Marketing
- Event Management
- Photography

Would you describe your current status as:

- Employed Full-Time
- Employed Part-Time
- Self-Employed
- Unemployed
- Retired
- Student

What days / hours are you available for volunteering?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How did you hear about volunteering at Mall Galleries?

- Email
- Website
- Social Media
- Leaflet
- Word of Mouth

References

Please supply the name and address of one or two referees who know you well. This may be a previous or current employer, neighbour, head teacher/tutor or a manager from a previous volunteering project. Please note that a referee cannot be a relative. If you are unsure who to put forward as your referees, please contact us for guidance.

Referee 1

Forename(s) Surname

Email Telephone

How do you know this person?.....

How long have you known this person?

Referee 2

Forename(s) Surname

Email Telephone

How do you know this person?.....

How long have you known this person?

Is it OK for us to request references on receipt of this application form? Yes No
(i.e. before we invite you for interview)

Emergency contact details

Please fill in these details so that in the event of an accident or emergency, Mall Galleries can contact the appropriate person:

Name Telephone

Relationship of this person to you?

In accordance with the Data Protection Act 1998, the information provided on this form will be used in the recruitment and selection of volunteers and may be disclosed to all those who need to see it. It will also form the basis of the confidential volunteer record.

To ensure your application is processed:

This form must be completed in full.

Note: If any additional information is listed, this must be supplied at the same time as submission of the registration form (e.g. contact details for referees).

We also recommend applicants read our Volunteer Guidebook before completing the registration form

Volunteer Agreement (Signature only required at interview stage)

Please sign to confirm that the details contained in this form are correct

Signed by Volunteer Date / /

Signed by Volunteer Manager Date / /