

For office use only:

Date received: _____

Interview date: _____

Induction date: _____



40 Duke Street Brighton BN1 1AG
Tel/Fax: 01273 778646
email : info@fabrica.org.uk

Front of House Volunteer Application Form

Your Contact Details

This information may be duplicated and/or put on display in the Fabrica Offices.

Name	Phone
	Mobile
Address	Email

Availability

We usually ask volunteers to commit to volunteering for at least 8 weeks or more. Please indicate what length of time you will be available:

.....

We ask volunteers to commit to at least one 3.5 hour shift per week. Would you be available to do this? YES/NO

Please indicate what days you would be available to volunteer:

- | | | |
|-------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Thursdays | <input type="checkbox"/> Fridays |
| <input type="checkbox"/> Saturdays | <input type="checkbox"/> Sundays | |

Why do you want to volunteer at Fabrica ?

Your Skills, Experience and Interests

Hobbies, Interests, Skills

What skills do you think you could bring to the role?

Please tick the areas you already have experience of.

- | | |
|--|--|
| <input type="checkbox"/> Exhibition installation | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Research skills | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> General administration | <input type="checkbox"/> Developing gallery education projects |
| <input type="checkbox"/> Communicating ideas concerned with contemporary art | |
| <input type="checkbox"/> Working with specific groups | |

A large part of Front of House volunteering involves working closely with the public. Tell us about your experience of this?

.....

Please tick any groups you have some experience of working with.

- | | |
|---|--|
| <input type="checkbox"/> People with learning difficulties | <input type="checkbox"/> People with physical disabilities |
| <input type="checkbox"/> People with mental health problems | <input type="checkbox"/> Children 5-12 years |
| <input type="checkbox"/> Children under 5 | <input type="checkbox"/> Elderly people |
| <input type="checkbox"/> Young people 13-25 years | <input type="checkbox"/> Other (please give details) |

How did you hear about Fabrica and the volunteer programme?

- Referred by a current Fabrica volunteer
- Volunteer bureau/CVS/Millennium Volunteers
- Advertisement (where did you see it)
- Poster/leaflet (where did you see it)
- Referred by a friend
- Other (please give details)

Personal information

Emergency contact name

Relationship

Emergency contact telephone number

Do you have any condition which might have a sudden affect on your health/wellbeing or that you think might be useful for us to know about?(please give details) This can be discussed further at the interview.

Do you have a current CRB check

References

Please give us the names and numbers of two professional references that we will be able to contact should your application be successful

1 Name
Relationship to you
Phone number
E-mail

2 Name
Relationship to you
Phone number
E-mail

Please return this form to: Gallery Manager, FABRICA, 40 Duke Street, Brighton BN1 1AG **with a passport sized photo, in an A5 envelope**

Monitoring Section

This form is for monitoring purposes only. It will be detached from your application and does not form part of the recruitment process. We are asking for this information in order to ensure that when recruiting, as in all areas of Fabrica's work, we are attracting as diverse a range of people as possible. We have an excellent record in attracting a broad range of volunteers and we need to ensure that we continue to do so, this is very important to our ongoing development. For each section there is an option of 'I choose not to answer', if you are uncomfortable answering any or all of the questions please tick this box rather than leave this section blank as we can still capture your reply as a valid statistical response.

For insurance purposes please indicate if you are under 18, by ticking this box, this will not effect your application.

Age

- 16 - 25 26 - 35
 36 - 45 46 - 55
 56+ I choose not to answer

Gender

- Male Female I choose not to answer

Do you consider yourself to be a disabled person, have a long term health condition or have any access needs?

- No Yes I choose not to answer

Are you 'statemented' as dyslexic?

- No Yes I choose not to answer

Please tick the box that applies to your background

White:

- British
 Irish
 Any other White background (please give details)

Mixed:

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background (please give details)

Asian or British Asian:

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background (please give details)

Black or Black British

- Caribbean
- African
- Any other Black background (please give details)

Chinese or any other ethnic group

- Chinese
- Any other (please give details)

- I choose not to answer

Sexuality

- Heterosexual
- Lesbian
- Bisexual Female
- I choose not to answer
- Gay Male
- Bisexual Male
- Other