

Artlink Centre for Community Arts

Registration Form for Volunteer Work

Name: _____

Address: _____

Home telephone: _____

Mobile: _____

Email: _____

Preferred contact Home Tel / Mobile / Email (please circle)

Opportunities available: Admin/Reception Board Event Stewarding

Exhibition installation Workshops (art) (please circle)

What would you like to gain from Artlink? : -

Relevant Experience /
Qualifications: _____

What hours are you available to volunteer? _____

Please give us any further information in support of you application:

Names & Addresses & Email of two Referees: your references maybe friends and/or family, but must be someone you've known for at least 5 years.

_____	_____
_____	_____
_____	_____
_____	_____

Please complete and return to:

**Admin
Artlink Centre for Community Arts
87 Princes Avenue
HULL
HU5 3QP**

Equal Opportunities Monitoring

In order to help Artlink ensure that its Equal Opportunities Policy is being carried out, please provide the following information:

Ethnic origin

Are you?

- White
- Asian or British Asian
- Black or British Black
- Chinese
- Mixed Heritage
- Any other ethnic group (please specify)

Gender

Are you?

Male Female

Age

Are you?

Under 20 20-25 35-4455-64
..... 25-34 45-54 65 or over
.....

Disability

Are you?

Registered Disabled Disabled but not registered
Not disabled

Do you have any access requirements?

Post applied for:

Date:

Thank you for your help.