Artlink Volunteer Application

Before filling in this form please have to hand contact Details for 2
Referees

Contact details	
Name:	
Address:	
Postcode:	
Phone:	
Email:	

What tasks Activities would you be interested in doing?
☐ Admin/Reception   ☐ Workshops   ☐ Exhibition Installation   ☐ Design and Marketing   ☐ Publicity distribution   ☐ Event Stewarding   ☐ Digital/Audio Visual support   ☐ Gardening   ☐ Maintenance/Painting/odd jobs

Are there any tasks not listed you would be interested in doing?

What would you like to gain from volunteering with Artlink?

What hours/ days would you be available to volunteer?

Please give details of any relevant recent experience, this is to match you to appropriate tasks, please do not worry if you are applying to gain experience, just give details of an

Do you have any recent qualifications? (Degree, A-Levels, Teaching/arts qualifications etc.)

Do you have any access needs or provisions? ie wheel chair access,

Do you have a current DBS check? *Artlink requires DBS checks if you want to work with children or vulnerable adults. Do not worry if you do not have one at the moment, we can help with applications should your work with us involves any of those groups.

☐ Yes
☐ No

Please provide the details of two referees. *we require these checks due to the contact volunteers have with children/vulnerable adults:

Referee 1		Referee 2	
Name		Name	
Relationship to you		Relationship to you	
Address		Address	
Email		Email	
Telephone		Telephone	

Is there any additional information that would be helpful for us to know?

Thank you for taking the time to fill in the application. Once we have your application we will email to confirm receipt and will endeavour to contact your referees for a reference, once we have had a response we will arrange an interview to discuss opportunities.

Please return completed forms to Hannah Holden, mailto:hannah.holden@artlinkhull.co.uk, Artlink Hull, 87 Princes Avenue, Hull, HU5 3QP, if you have any questions please call on 01482 345 104.

Applicants Signature …………………………………. **Date** …………………………………..