



## Volunteer Application Form

<b>Date</b> (DD/MM/YYYY)								
<b>First Name</b>				<b>Family Name</b>				
<b>Email Address</b>								
<b>Phone Number</b>								
<b>Address</b>								
<b>Availability</b>		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Morning							
	Afternoon							
	Evening							
<b>Emergency Contact</b>	Name							
	Phone number							
	Relationship to you							
<b>Character Reference</b>	Name							
	Email address							
	Relationship to you							
<b>Which volunteering areas / roles are you interested in?</b>	Gallery invigilation				Learning & participation			
	Gallery technical support / exhibition installation & de-installation				Supporting events / gallery private hire			
<b>What are your reasons for choosing to volunteer with the RWA?</b>	To meet new people				To gain new skills / knowledge			
	To progress in my career				To do something different			
	To support the gallery				To be part of a team			
<b>How did you hear about volunteering at the RWA?</b>	RWA Website				Word of mouth			
	Twitter / Facebook				Other			

## Equal Opportunities Monitoring Form

The RWA is committed to equality of opportunity and as part of this commitment monitors its recruitment and selection process to determine that it is fair to all.

<b>Age</b>	16-19 years		20-29 years		30-39 years		<b>Gender</b>	Male		Female	
	40-49 years		50-59 years		60-69 years						
	70-79 years		80+ years								

<b>Ethnic Origin</b>		Please tick as appropriate	Ref.
<b>White</b>	British		WB
	Irish		WI
	Any other white background *		WO
<b>Mixed</b>	White and Black Caribbean		MC
	White and Black African		MB
	White and Asian		MA
	Any other mixed background *		MO
<b>Asian or Asian British</b>	Indian		I
	Pakistani		P
	Bangladeshi		B
	Any other Asian background *		AO
<b>Black or Black British</b>	Caribbean		BC
	African		BA
	Any other Black background *		BO
<b>Chinese</b>	Chinese		C
<b>*Other ethnic group (OE)</b>	Please state:		

<b>Sexual Orientation</b>	Heterosexual		Gay/Lesbian		Pansexual	
	Bisexual		Don't know/not sure		Would rather not say	

<b>Do you consider yourself to have a disability?</b>	
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**Data Protection Act:** Under the terms of the Data Protection Act the information provided on this form will be held in confidence and used for the purpose of recruitment and volunteer administration/monitoring and no other purpose.

Please return your completed form by email or post to:

Sarah Parkes

Volunteer Coordinator

Royal West of England Academy, Queens Road, Bristol, BS8 1PX

[volunteer@rwa.org.uk](mailto:volunteer@rwa.org.uk)

Thank you for completing this application.