

Volunteer Application Form

Why become a Volunteer

Becoming a Volunteer at The Model is a great opportunity to get involved in the Arts. It is a chance to learn more about The Niland Collection, film, music and contemporary art. Its also an opportunity to meet new people and develop new skills.

You can get involved as often or as little as you like, and when it suits your schedule.

There are lots of different ways to get involved such as volunteering at one of our festivals or community projects, leading a gallery tour, gallery invigilation or helping out at an opening.

| Surname: | | | First Name: | | | | | |
|--|----------------|------------------|-----------------|-------------------|--|--|--|--|
| Address: | | | | | | | | |
| Mobile: Email: | | | | | | | | |
| Date: | | | | | | | | |
| Gender: | Male \square | Female \square | Other \square | Prefer not to say | | | | |
| Please specify which area you are interested in: | | | | | | | | |
| Gallery Invigilat | | | | | | | | |
| Gallery Tour Guide | | | | | | | | |
| Assist at Openings | | | | | | | | |
| Events/Festivals | | | | | | | | |
| Community Projects, e.g. Sligo Global Kitchen | | | | | | | | |
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| Please outline why you would like to volunteer at The Model: | | | | | | | | |
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The Model ::::

| Please specify any experience or skills you would like to share: | | | | | | | | |
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| We are an organisation that supports diversity and inclusion. Please advise if you have any needs that you | | | | | | | | |
| would like us to know about? | | | | | | | | |
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| Please specify days and times which are suitable for you: | | | | | | | | |
| | 11.00 – 14.0 | 00 | 14:00 – 17.00 | | | | | |
| Tue | | | | | | | | |
| Wed | | | | | | | | |
| Thurs | | | | | | | | |
| Fri | | | | | | | | |
| Sat | | | | | | | | |
| Note: if you can't do the full shift, please specify what hours /days you are available: | | | | | | | | |
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| Volunteers can also help out at exhibition openings, Culture Night and other late night/ evening | | | | | | | | |
| | | | | | | | | |
| events. Please specify whether this is suitable for you. Yes \qed No | | | | | | | | |
| Please detail below the following: | | | | | | | | |
| Next of Kin: | | Referee: | | | | | | |
| Name: | | Name: | | | | | | |
| Mobile: | | Mobile: | | | | | | |
| Email address | | Email address | | | | | | |

Please return this application to the Reception Desk at The Model or e-mail info@themodel.ie