

**Volunteer Application Form**

Thank you for your interest in volunteering at Venture Arts. Please fill in the below, email this to us to louisa@venturearts.org and we will get back to you in due course.

|  |
| --- |
| **Contact details** |
| Name |  |
| I confirm I am 18 years old or over (please tick) |  |
| PronounsFor example, he / him / she / her / they / them etc. |  |
| Address |  |
|  |
|  |
| Postcode |  |
| Tel. No. |  |
| Mobile |  |
| Email |  |

|  |
| --- |
| **Where did you hear about Venture Arts?** |
| Google Search |  |
| Facebook |  |
| Twitter |  |
| Other (Please specify) |  |

|  |
| --- |
| **Why do you want to volunteer at Venture Arts?** |
|  |

|  |  |
| --- | --- |
| Do you have any access requirements you would like us to be aware of?  |  |

**VOLUNTEERING ROLES:**

**Visual Arts Studio Session Assistant**

This role sees the commitment of volunteering in a regular weekly visual arts session. As a volunteer you are usually allocated one art session per week to assist in. We ask for a minimum commitment of **10 weekly sessions**.

Role:

* Assisting the Facilitators in visual arts sessions.
* Supporting people with learning disabilities to reach their potential, increasing creative skills, social skills, confidence and wellbeing.
* Accompany participants on field trips.
* Helping to clear up after studio sessions and encouraging participants to tidy up.

Please state your availability:

**Adult Workshops (ages 18+)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday  | Wednesday  | Thursday  | Friday  |
| Morning10am -12pm |  |  |  |  |  |
| Afternoon1pm – 3pm |  |  |  |  |  |

**Young Peoples workshops (ages 8-25)**

|  |  |  |
| --- | --- | --- |
|  | Wednesday  | Saturday  |
| Morning10am – 12:30pm | N/A |  |
| Afternoon 3:30pm - 6pm |  | N/A |

**REFERENCE DETAILS**

We require two references before we can accept volunteers at Venture Arts. Where possible please provide one professional reference (e.g., tutor, work colleague) and one character reference (e.g., friend, house mate but not a family member). Please also provide an email address. All information will be treated in confidence.

|  |
| --- |
| **REFEREE 1** |
| Full Name |  |
| Organisation and position |  |
| Relationship to you |  |
| Address |  |
|  |  |
|  |  |
| Email |  |
| Tel. No.  |  |

|  |
| --- |
| **REFEREE 2** |
| Full Name |  |
| Organisation and position |  |
| Relationship to you |  |
| Address |  |
|  |  |
|  |  |
| Email |  |
| Tel. No.  |  |

**DBS (Disclosure and Barring Service)**

All our staff and volunteers are DBS checked. Venture Arts processes these checks with individuals. Please complete the details below.

|  |  |
| --- | --- |
| **DBS Information**  |  **Please select**  |
| Do you have any previous criminal convictions or cases pending? | Yes /No |
| Are you willing to undertake an enhanced DBS check with us if you are offered a voluntary position? | Yes/No |

|  |  |
| --- | --- |
| **Signed (please sign to confirm the information on this form is correct)** |  |
| **Print your name** |  |
| **Date** |  |

**Please email a copy of the completed application form to louisa@venturearts.org Or post to Louisa Hammond, Venture Arts, 43 Old Birley Street, Hulme, M15 5RF**