



Volunteer Sign up Form

Please complete:

Title: First name: Surname:

Introduction

MK Gallery's mission is to provide access to high quality, innovative and thought-provoking art from around the world, and through our programme, stimulate participation and debate, building relationships between artists and audiences.

At MK Gallery volunteers play an integral role in delivering its mission. MK Gallery recognises the immense benefits that volunteers bring to the business, and the bridges that they build between the Gallery and the local community. In return, MK Gallery hopes to give its volunteers an opportunity to exercise their skills in a different environment and to undertake new experiences.

MK Gallery tries to offer a range of volunteering opportunities and, in accordance with its equal opportunities and diversity policies, to ensure that the opportunity to volunteer is widely available.

Thank you for your interest in volunteering at MK Gallery.

Volunteer Account

MK Gallery uses Volunteer Makers to support its volunteer programme. If you haven't already please create an account with us at <https://mkgallery.volunteermakers.org>

If you don't have access to the internet or would prefer to sign up in person please provide your contact details in section A below. If you already have a Volunteer Makers Account please go to section B.

Section A

Address:

Postcode:

Home number:Mobile number:

Email:

Section B

How we communicate with you

The majority of communication with our volunteers is via email. If you would prefer us to use an alternative means of communication, please let us know here.

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Volunteer role/s interested in:

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Availability

We usually ask volunteers to commit to at least one 2 or 3 hour shift per week. This is because regular contact with the Gallery is important, to ensure that you are up to speed on developments, and for us to ensure you get the best out of the volunteer work you do here. Please give us an idea how often you may be available to volunteer.

	11:00-14:00	14:00-17:00	17:00-19:00	19:00-22:00
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>		

Pre-start checks

As volunteering at MK Gallery may involve you working in a high security environment, in a role that requires physical strength or fitness, or with children and vulnerable adults we may ask you to agree to a financial credit check, a physical health check and/or a standard DBS check.

Are you happy to undertake:

A financial credit check? Yes No

A physical health check? Yes No

A DBS criminal records check? Yes No

Emergency contact details

Next of kin: Relationship to you:

Address:

Emergency contact number:

Supporting arrangements

Anyone over 14 can volunteer for us but to assess which tasks are the most suitable for you please describe any adjustments, provision or support you require to become one of our volunteers.

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References

Please give the name, address and phone number of two people we can contact as referees. They should not be a family member, and should either have worked with you in the past or know you well socially or through other hobbies and interests.

1. Title: First name: Surname:

Tel:Email:

In what capacity is the person known to you?

2. Title: First name: Surname:

Tel:Email:

In what capacity is the person known to you?

Please return your completed form to Kate Chadwick, Deputy Director at kchadwick@mkgallery.org

Recruitment Monitoring Form

The data on this form is used for statistical purposes to provide MK Gallery with information for its annual statistical returns to Arts Council England and to monitor the performance of its Equality Policy. Any reports produced using this information are anonymised. Any information given on the form is treated in the strictest confidence and is not used as part of any selection process.

Name				Date					
1. Disability									
The Equality Act of 2010 defines disability as: "a physical or mental impairment with long term, substantial adverse effects on ability to perform day to day activities." Below is a list of impairments that would be considered a disability. It is not an exhaustive list and is given for guidance only.									
<ul style="list-style-type: none"> Hearing, speech or visual impairments. (If you wear glasses or contact lenses this is not normally considered a disability). Co-ordination, dexterity, or mobility e.g. spinal cord injury, back problems, repetitive strain injury. Mental health e.g. depression, anxiety, schizophrenia, bipolar, autism. Learning disabilities e.g. Down Syndrome. Other non-visible conditions e.g. diabetes, epilepsy, arthritis, heart disease, asthma, cancer, facial disfigurement, sickle cell, dyslexia etc. 									
Do you consider yourself to be disabled?									
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>				
If Yes do you have:	Visual Impairment	<input type="checkbox"/>		Cognitive or Learning Disability	<input type="checkbox"/>				
	Hearing Impairment/Deaf	<input type="checkbox"/>		Mental Health Condition	<input type="checkbox"/>				
	Physical Disabilities	<input type="checkbox"/>		Other long term/chronic conditions	<input type="checkbox"/>				
2. Caring									
A carer is anyone who provides unpaid care for a friend or family member who due to illness, disability, or a mental health issue cannot cope without their support.									
Are you a Carer?									
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>				
3. Gender Identity. (Please tick one of the boxes.)		Male (including female to male trans. men)	<input type="checkbox"/>	Female (including male to female trans. women)	<input type="checkbox"/>				
		Non-Binary (e.g. androgyne)	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>				
		Other (please specify)	<input type="checkbox"/>						
4. Gender Orientation. (Please tick one of the boxes.)		Is your gender the same as the gender you were assigned at birth? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>							
5. Sexual Orientation. (Please tick one of the boxes)		Bi-sexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>	Gay Woman/Lesbian	<input type="checkbox"/>
		Other (please specify)		<input type="checkbox"/>	Prefer not to say			<input type="checkbox"/>	
6. Marital Status. Please tick one of the boxes.		Civil Partnership	<input type="checkbox"/>	Living with a partner	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
		Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Surviving Civil Partner	<input type="checkbox"/>
		Dissolved Civil Partnership	<input type="checkbox"/>	Other (please specify)			<input type="checkbox"/>	Prefer not to say	
7. Ethnicity									
UK citizens can belong to any of the following categories as this question does not relate to nationality. These are the official UK Census 2011 categories									
Which box best describes your ethnic origin?									
Asian or Asian British									
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background (please specify)									
Black or Black British									

<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black background (please specify)								
Mixed or multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other mixed/multiple background (please specify)								
Other Ethnic Group <input type="checkbox"/> Arab <input type="checkbox"/> Other ethnic group (please specify)								
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other White background (please specify)								
<input type="checkbox"/> Prefer not to say								
8. Religion or Belief. (Please tick one of the boxes.)	Agnostic	<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>	Humanist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
	Pagan	<input type="checkbox"/>	Rastafarian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Spiritualist	<input type="checkbox"/>
	No religion or belief				<input type="checkbox"/>	Other please specify)		<input type="checkbox"/>
	Prefer not to say				<input type="checkbox"/>		
9. Age (please tick one box)								
0-21	<input type="checkbox"/>	40-49	<input type="checkbox"/>					
22-29	<input type="checkbox"/>	50-59	<input type="checkbox"/>					
30-39	<input type="checkbox"/>	60-69	<input type="checkbox"/>					
70+	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>					