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VOLUNTEER INFORMATION FORM

Surname: _____

Given Name(s): _____

Date of Birth: ____/____/____ (optional)

Address: _____

Suburb: _____ Postcode: _____

Mailing Address: _____

Suburb: _____ Postcode: _____

Contact Details: Home: (07) _____ Work: (07) _____

Mobile: _____

Email: _____

Blue Card Number: _____

Medical Conditions: _____

Treatment Needed: _____

Contact Person in Case of an Emergency

Name: _____

Relationship: _____

Address: _____

Suburb: _____ Postcode: _____

Contact Details: Home: (07) _____ Work: (07) _____

Mobile: _____

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Gayndah Art Gallery is required under the Information Privacy Act to inform you that the information you have provided will be used for the purpose of assessing your request and will not be disclosed to any third parties without your written or verbal authorisation unless we are required to by law.