

FOR ENQUIRIES:

call: (02) 6581 8888

email: info@glasshouse.org.au online: glasshouse.org.au

The Glasshouse operates two volunteer programs and welcomes applications from local residents to volunteer on Team Glasshouse - engaging with locals and visitors in our state of the art cultural centre in the heart of the Port Macquarie CBD.

- 1. Glasshouse Regional Gallery Meeting and greeting gallery patrons, providing information on exhibitions and **Gallery Events**
- 2. Tourism Ambassadors Welcoming visitors to our beautiful region in the Visitor Information Centre, giving directions, sharing local knowledge and providing information on things to see and do in the Port Macquarie **Hastings Region**

If you are interested in becoming a volunteer, please apply by completing the form below. We will keep your details on file and contact you when the desired Glasshouse Volunteer Program has opportunities available.

		SE	CTION 1:	Where would you like	e to Volunteer			
☐ Glassho	use Regional Gallery			Port Macquarie Tourism Amba	ssador			
				SECTION 2	: Your Details			
First Name:			Last Nan	ne:				
Address:								
Town:			State:	Posto	ode:			
Telephone:			Mobile:					
Email Address:								
_		_	_	CECTION 2 F				
				SECTION 3: Emer	gency Contact			
Name:								
Relationship:		ı	Contact:					
				SECTION	4: Availability			
Please nominate your interest of availability by ticking the appropriate field:								
Day of the Week		Time of the	: Day	Frequency of S	hifts			
	Monday (Gallery Closed)	Weekdays		□ W	eekly			
	Tuesday		Morning (10	am-1.00pm) 🗆 Fo	rtnightly			
	Wednesday		Afternoon (1	00pm-4pm)				
	Thursday	Saturday ar	nd Sunday					
	Friday		10am - 2pm					
	Saturday							
	Sunday							















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			SECTION	5. About fou				
Why are you interested in volunteering at the Glasshouse?								
	kills, prior work experience, spe sist you in volunteering at the (ecial interests or places that you Glasshouse.	have worked in (paid or unpaid)				
			SECTION	6: References				
Please supply two (2) re	eferees that can give either a w	ork experience reference, or a c	character reference	e.				
Name	Contact		Relationship					
Name	Contact		Relationship					
			SECTION	7: Centrelink				
		ent organisation for job seekers te if you require the Glasshouse	_					
□ Yes	□ No							
			SECT	ON 8: Return				
Once you have comple	ted this form, please lodge with	n the Glasshouse Customer Servi	ice Desk.					
IN PERSON	corner Clarence and Hay Streets Port Macquarie							
BY EMAL	info@glasshouse.org.au							
ENQUIRIES	if you require any additional information regarding volunteering, please contact us on the above or on (02) 6581 8888							
FOR OFFICE USE ONLY	Date Received:	Received by:						