**Help Us Reopen Our Gallery: Volunteer as a Gallery Guide!**

**Role Description**

The key features of this voluntary role are:

* Welcoming visitors to the gallery and explaining our one-way system
* Reminding visitors that face coverings and social distancing are required (unless exempt)
* Enabling visitors to use our QR code to access the list of artworks
* Encouraging visitors to complete a visitor survey and leave comments in the guest book
* Answering miscellaneous visitor enquires and giving directions
* Occasional cleaning

**Person Specification**We’re looking for volunteers who are:

* Warm and welcoming
* Comfortable talking to members of the public
* Available to contribute at least one 3-hour shift per week for at least 6 weeks
* At least 18 years old

**Available Shifts**Each 3-hour block is considered as one shift. Volunteers should be able to contribute at least 1 shift per week within the gallery for at least 6 weeks.

|  |  |  |  |
| --- | --- | --- | --- |
| **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| 10am – 1pm | 10am – 1pm | 10am – 1pm | 10am – 1pm |
| 1pm – 4pm | 1pm – 4pm | 1pm – 4pm | 1pm – 4pm |

**Induction**

Prior to stating in the role, you will be given a 2-hour induction that will include:

* Meeting staff
* A tour of the building and exhibition
* COVID-19 specific health and safety information
* Fire alarm procedure
* Safeguarding information relevant to working in a public building
* Technical information relevant to the exhibition
* Signing volunteer agreement forms
* How to claim travel expenses
* Answering any questions you may have

**Other Info**

Volunteers must provide contact tracing information at the reception desk on arrival.

Volunteers can claim expenses for fuel or public transport costs and park for free in Ty Pawb.

Volunteers should provide their own lunch, but have access to bottled water.

**To Apply**

To apply for this voluntary role, please complete the form on the next page and return it to: heather.wilson@wrexham.gov.uk by the 10th June 2021. You can also email us if you have further questions or require the form in another format.

**Volunteer Gallery Guide Application Form

About You**

|  |  |
| --- | --- |
| Full Name: |  |
| Postcode: |  |
| E-mail: |  |
| Telephone / Mobile: |  |
| Are you over 18 years of age? |  |
| Are you a Welsh speaker? |  |

|  |
| --- |
| Tell us a little bit about why you’d like to volunteer at Tŷ Pawb. (Maximum 150 words) |
|  |

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| --- |
| Use this space to tell us about any additional support you might need (e.g. accessibility adjustments) or health information that it would be useful for us to know (e.g. if you are taking any medicines or have allergies).  |
|  |

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| --- |
| If you have any previous convictions or cautions, please give brief details below. All information will be treated in the strictest of confidence. With exceptions, most offences won’t disqualify you from taking part in volunteering, so please don’t feel worried about disclosing. |
| Date | Nature of Offence | Sentence / Fine |
|  |  |  |
|  |  |  |
|  |  |  |

**References**
Provide details of two people who would be happy for us to contact them about your suitability to undertake a volunteer role. These don’t have to be employers, but please avoid listing family members.

|  |
| --- |
| *Reference 1* |
| Name: |  |
| How do they know you? |  |
| E-mail: |  |
| Telephone / Mobile: |  |
| *Reference 2* |
| Name: |  |
| How do they know you? |  |
| Email: |  |
| Telephone / Mobile: |  |

For information as to how Wrexham County Borough Council handles personal data, please see our Privacy Notices on our website: [www.wrexham.gov.uk](http://www.wrexham.gov.uk)

**Availability**

If you already know when you would like your volunteering hours to be, please circle the relevant shifts below. (You can leave this section blank if you are unsure.)

|  |  |  |  |
| --- | --- | --- | --- |
| Wednesday | Thursday | Friday | Saturday |
| 10am -1pm | 10am – 1pm | 10am – 1pm | 10am – 1pm |
| 1pm – 4pm | 1pm – 4pm | 1pm – 4pm | 1pm – 4pm |

|  |  |
| --- | --- |
| Your Signature: | Date: |
|  |  |