**Glasgow Women’s Library**

**Community Curator Application Form**

Please complete and return to us at 23 Landressy Street, Glasgow G40 1BP

**Data Protection Act 1998:** We are required by law to obtain your consent to use your personal contact details (name, address, telephone number, email address).

Please circle **Yes**  or **No** that you agree to GWL holding your contact details for the purpose of keeping you informed about GWL’s activities.

**Personal Details – all information you give will be treated as confidential.**

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| First Name: …………………………………… Surname: ……………………………………… |
| Address: ……………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………Postcode: …………………………….… |
| Telephone: ……………………………………… Mobile: ……………………………………E-mail: …………………………………………………………………………………………… |
| How would you prefer to be contacted? Telephone □ Mobile □ Email □ Post □ |
| We are looking for a group of women who reflect the diversity of viewpoints and life experiences of women in Scotland, and we’re particularly keen to hear from: □ local women from the G40 postcode area□ women living with a Disability □ women from Black and Minority Ethnic groups□ young women not currently in education or employmentPlease let us know if you identify as any of the above (tick all that apply) |

**Please tell us why you are interested in becoming a Community Curator at**

**Glasgow Women’s Library:**

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**The Community Curators will curate an exhibition using Glasgow Women’s Library’s collections. What stories do you feel would be important to tell about women in Scotland?**

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**What do you hope to gain from volunteering with GWL as a Community Curator?**

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**The Community Curators will meet every week on Tuesdays 1-3pm, starting from May 2017 until January 2018. There will also be a programme of occasional visits on Saturdays.**

Please tell us whether you are available to volunteer regularly on Tuesday afternoons and if you have any commitments e.g. caring, attending a course, working.

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**How can we make it easier for you to volunteer with GWL as a Community Curator?**

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**Please list any medical conditions or special needs we should know about.**

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**Your Signature:** ………………………………………………………… **Date:** …………………

*Thank you for your interest in volunteering with GWL*