

**REGISTRATION & APPLICATION FORM**  
**FOR ARTIST, VOLUNTEER, INTERN & STUDENT**



*Hands On Art is for everyone and for anyone who wants to fly high on the wings of their own creativity with positive people who use art as a tool for social and personal good.*

*At Hands On Art we love nature, art, creativity, beauty and people. In Art We Are One.*

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**APPLICATION DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Tick one or more of the boxes**

Artist register     Volunteer     Internship     Work Experience

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Post code:** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **BIRTHDAY** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMAIL:** \_\_\_\_\_

**ABN if applicable:** \_\_\_\_\_

**When are you generally available?** \_\_\_\_\_

Saturday/Sun       Holidays       Week days       Nights

**Do you have a Blue Card that is current? Expired? Pending? (School Age Students do not require a blue card).** \_\_\_\_\_

If you have a BLUE CARD please give details. Type: \_\_\_\_\_

**Registration No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Tell us a little about yourself (skills, experience, hopes)? Write in the space below or attach a CV.**

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**What is your reason for wanting to be involved with Hands On Art?**

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Once we have approved your registration with us you become an associate member of the organisation, which means you will be covered under our insurance policies when you work with us. You will also be included on our Newsletter Mailing lists. After 6 months as an Associate Member you will have to right to apply to join Hands On Art as a Full Member.

**OFFICE USE:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**HANDS ON ART INC. ABN 86 815 897 26**

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