

Volunteer Application

First Name:	Last Name:
Address:	City/Province:
Postal Code:	Cell:
Telephone:	Email:
Application Type (please circle):	Youth Program (age 15-18) / Volunteer Program 18+

When are you available to volunteer ?

9am - 12pm		Tuesday	
12pm - 3:30pm		Wednesday	
Other:		Thursday	
		Friday	
		Saturday	
		Casual/as needed	

Please circle the area of the Art Centre are you interested in? (see job descriptions for more details)

Education Assistant	Reception	Special Event Assistant
Maintenance	Media and Promotions	Board Committees

Please check any special skills you have:

Children/Education <input type="checkbox"/>	Events <input type="checkbox"/>
Customer Service <input type="checkbox"/>	Languages <input type="checkbox"/>
Computer <input type="checkbox"/>	Office <input type="checkbox"/>
Retail <input type="checkbox"/>	Exhibitions <input type="checkbox"/>
	Other (describe) <input type="checkbox"/>

Do you have volunteer experience? Yes / No

Do you have experience in the arts or at a Museum/Gallery/Art Centre? Yes / No

If yes, please describe: _____

Company/Organization	Company/Organization
Dates volunteered or worked	Dates volunteered or worked
Duties	Duties
Supervisor / Phone Number	Supervisor / Phone Number

I certify that the above statements are true, and if found to be incorrect, I agree to resign immediately upon request without protest. I authorize the St. Thomas—Elgin Public Art Centre to verify these statements, and I authorize my supervisor to furnish any relevant information. If a position may not be available at this time, I release the Art Centre from any liability of failure to notify me of future availability.

Applicant Signature:	Date:
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To help us ensure your safety:

To help us allocate you and appropriate work: please tell us of any: (please use space provided below)

Medication that you are taking that a First Aider or Doctor would need to be aware of?

Activity you may find difficult for health or other reasons?

Other information we may need to ensure your safety e.g. hearing or vision difficulties, ability to communicate or understanding instructions.

Who should we contact if you are taken ill while volunteering?

Name	Home telephone	
Relationship to you:	Work telephone	Cell Phone