

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name			
Address	City	Province	Postal Code
Home Phone	Cell	Email address	
Why would you like to volunteer?			
How did you hear about the Abbotsford Arts Council?			

POSITION APPLYING FOR

<input type="checkbox"/> Gallery Attendant	<input type="checkbox"/> Graphic/Promo Assistant
<input type="checkbox"/> Gallery Hanging Assistant	<input type="checkbox"/> Arts Council Ambassador
<input type="checkbox"/> Fundraising Assistant	<input type="checkbox"/> Concert Assistant
<input type="checkbox"/> Jam In Jubilee Assistant	<input type="checkbox"/> Canada Day Assistant
<input type="checkbox"/> Janitorial/Maintenance Asst.	<input type="checkbox"/> Other (please list)

EXPERIENCE

Please list your volunteer experience / personal interests:	Please list any relevant work experience / education:
Please list the computer programs you're familiar with (if any):	Please list any special qualifications or certifications (i.e. Serving it Right, First Aid, etc.):
Please list any languages spoken in addition to English:	Please list anything else we should know that would help us determine suitability of our volunteer projects:
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, please explain:	

AVAILABILITY

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

REFERENCES

Name	Relationship	Phone	Email

EMERGENCY CONTACT

Name	Relationship	Home Phone	Alternate Phone

MEDICAL CONCERNS

If you have any medical concerns you'd like the Abbotsford Arts Council to be aware of for your personal safety, please list:

CONSENT

By signing this application, I understand that as a volunteer I am representing the Abbotsford Arts Council (AAC) and will remain professional at all times by respecting and adhering to AAC policies and procedures. I understand that I am responsible for maintaining the confidentiality of all proprietary or privileged information of the Abbotsford Arts Council to which I may be exposed while serving as a volunteer. I hereby authorize the Abbotsford Arts Council to obtain references from the above individuals to provide a reference in connection with my application for a volunteer position and release them from any liability in providing said reference.

I hereby certify that all information included in this application form is true and complete.

Signature	Date
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Please mail, email, or drop off form to:

Abbotsford Arts Council
Kariton Art Gallery & Boutique
2387 Ware Street, P.O. Box 336
Abbotsford, BC V2T 6Z6
Phone (604) 852-9358
Email: info@abbotsfordartscouncil.com