



2387 Ware Street • P.O. Box 336 • Abbotsford, BC • V2T 6Z6
 Phone: (604) 852-9358 • Fax: (604) 870-1862
 abbotsfordartscouncil@gmail.com • www.abbotsfordartscouncil.org
 Facebook: AbbotsfordArtsCouncil • Twitter: @abbyartscouncil

VOLUNTEER APPLICATION

Date			Which volunteer position are you applying for?			
Name			<input type="checkbox"/> Gallery Attendant		<input type="checkbox"/> Promotions Assistant	
Address			<input type="checkbox"/> Gallery Installation Assistant		<input type="checkbox"/> Membership Coordinator	
City	Province	Postal Code	<input type="checkbox"/> Gallery Take-Down Assistant		<input type="checkbox"/> Fundraising Assistant	
Email address			<input type="checkbox"/> Concert Assistant		<input type="checkbox"/> Mentor to New Artists*	
Home Phone	Cell			<input type="checkbox"/> Janitorial/Maintenance Asst.		<input type="checkbox"/> Board of Directors
Interested in our monthly eNews? <input type="checkbox"/> Yes!			Other:			
Why would you like to volunteer?			Which other position(s) might you be interested in, if any (please list)?			
How did you hear about the Abbotsford Arts Council?						

*Program currently under development.

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



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REFERENCES

Ref Ch

Name	Relationship	Phone	Email	
Name	Relationship	Phone	Email	

EMERGENCY CONTACT

Name	Relationship	Home Phone	Alternate Phone
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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