

VOLUNTEER APPLICATION FORM

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

Note: Please fill out our Youth Application Form if you are under 19 years of age.

Volunteers 19+ are required to submit a Criminal Records Check with Vulnerable Sector Screening

Availability: (Please mark the appropriate blocks of time with an "x" or with specific hours of availability.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
a.m.							
p.m.							
Special Notes:							

Areas of Interest:

<input type="checkbox"/> Gallery Attendant/Tour Guide	<input type="checkbox"/> Special Events	<input type="checkbox"/> Conservatory
<input type="checkbox"/> Outreach	<input type="checkbox"/> Art Etc. Gift Shop	

- Why are you interested in volunteering at the gallery?
- What skills do you feel will bring to the role of volunteer at the gallery?
- What are your interests?
- What volunteer work/jobs have you participated in?

Please Provide 2 References we can contact:

Name:	Name:
Relationship to applicant:	Relationship to applicant:
Phone #:	Phone #:
Email:	Email:

Please return your completed application to AGB Volunteer Services in person or via becky@agb.life.