

## YOUTH VOLUNTEER APPLICATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

My parent/guardian is aware that I am applying for this volunteer position

**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"/> Art Classes	<input type="checkbox"/> Special Events	<input type="checkbox"/> Art Etc. Gift Shop
<input type="checkbox"/> Tech Support/Social Media (occasional)	<input type="checkbox"/> PD Days	<input type="checkbox"/> Open Studio Sundays

- 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](mailto:becky@agb.life).