

VOLUNTEER APPLICATION FORM

Name _____
 Address _____
 City _____
 Province _____ Postal _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Fax _____
 Email _____

Emergency Contact: _____

Relationship: _____

Tel: _____

Do you have any medical conditions that we need to be aware of? Yes No

If yes, please explain: _____

How do you prefer to be contacted? _____

Please indicate which volunteer position(s) you are interested in:

(1 = least interested and 5 = most interested)

Docent/Educator ① ② ③ ④ ⑤

Programs/Special Event ① ② ③ ④ ⑤

Front of House/Admissions ① ② ③ ④ ⑤

Museum Shop ① ② ③ ④ ⑤

Other (please specify) ① ② ③ ④ ⑤

Audain Art Museum Privacy Statement: The protection of the personal information we collect is of utmost importance to the Audain Art Museum. All personal information of each volunteer will be kept secure and confidential at all times. It is the responsibility of the volunteer to ensure that all personal information is kept up to date.

I certify that the above information is true and complete to the best of my knowledge.

I do not wish to have my name or image used in Museum materials (newsletter, recognition).

Signature: _____ Date: _____