

AUDAIN ART MUSEUM

Volunteer Application Form

First Name: _____ Initial: _____

Last Name: _____

Mailing Address: _____

City and Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax (if applicable): _____

Email: _____

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 ___ Programs/Special Events ___ Front of House

___ Other *(please specify)* _____

Please indicate your preferred time of availability (indicate days of the week and times):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe why you are interested in volunteering with the Audain Art Museum:

Please list any applicable education, skills or training that you have that would assist in your role:

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Please describe any relevant experience from previous paid employment or volunteer positions:

Do you have any medical conditions that we need to be aware of?

Yes No

If yes, please explain: _____

Emergency Contact: _____

Relationship: _____ Tel: _____

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: _____