



COMOX VALLEY ART GALLERY GIFT SHOP
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VOLUNTEER APPLICATION - Please Print and Attach a Current Resumé.

Date: _____

Name: _____ Email: _____

Mailing: _____ Postal Code: _____

Home #: _____ Work: _____ Cell: _____

Indicate Days & Times Available (The Gift Shop is Open from Monday to Saturday from 10 am to 5 pm):

Please indicate your skills, abilities and special interests that may apply: _____

Work/volunteer experience: _____

Three Personal and/or Professional References

1. Name: _____ Relationship to you: _____ Phone: _____

2. Name: _____ Relationship to you: _____ Phone: _____

3. Name: _____ Relationship to you: _____ Phone: _____

The above information is accurate and correct to the best of my knowledge.

Signature _____ Date: _____

FOR OFFICE USE ONLY

Reference Check: _____ Contacted: _____ Interview: _____

Orientation: _____ Placement: _____