



580 DUNCAN AVENUE COURTENAY BC V9N 2M7  
250.338.6211 | COMOXVALLEYARTGALLERY.COM

GALLERY  
SHOP

TUESDAY TO SATURDAY 10-5  
MONDAY TO SATURDAY 10-5

**VOLUNTEER APPLICATION**  
**All information is treated as confidential.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_  Yes, add me to CVAG enews emailing list

Mailing: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Areas of Interest: (please check all that apply)**

**Gallery**

- Exhibition Installation/ Takedown
- Painting, Cleaning, Carpentry
- Reception desk
- Fund-raising
- Postering
- Discover Art Saturdays assistance
- Event setup and hospitality, Bartending
- Hosting visiting Artists
- Photography and Video Recording

**Gift Shop**

- Gift shop customer service
- Christmas craft fair – installation, customer service, takedown

**Any other areas that we didn't mention?**

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have:  Serving it Right  Food Safe BC

**Are there specific days and hours that work best for you?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

If you are interested in working with children, we need more details. Please continue on to the back page of this application.



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**This form is for volunteers who wish to work with children.**

**Work/volunteer experience:**

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\_\_\_\_\_  
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**Two Personal and/or Professional References**

1. Name: \_\_\_\_\_ Company: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

2. Name: \_\_\_\_\_ Company: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

***All Volunteers working with children are required to complete a Criminal Record Check. A letter will be provided by CVAG to take to the RCMP office.***

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a current resume and mail or drop off at the gallery**

**Thank you for your interest in volunteering with Comox Valley Art Gallery!**

For Office Use Only
Reference Check: _____ CRC: _____