

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

HOURS: WEDNESDAY TO SATURDAY 10–5 ADMISSION: DONATIONS GRATEFULLY ACCEPTED

## **VOLUNTEER APPLICATION**

All information is treated as confidential.

Date:		
Name:		
Email:	□ Yes, add me to CVAG eNews	
Mailing:	Postal Code:	
Phone (Home/Cell):	Phone (Work):	
AREAS OF INTEREST (please check all that ap	oply)	
Gallery:  □ exhibition Installation / takedown □ painting, cleaning + carpentry □ reception desk □ fund raising	Gift Shop: ☐ Shop:Made customer service ☐ Christmas Craft Fair – setup / take down + customer service	
<ul> <li>☐ fund-raising</li> <li>☐ postering</li> <li>☐ Community Make Art assistance</li> <li>☐ Event setup, hospitality + bartending</li> <li>☐ Hosting visiting artists</li> <li>☐ photography + video recording</li> </ul>	Any other areas that we didn't mention?	
Please indicate your skills, abilities and spec	cial interests that may apply:	
<b>Do you have:</b> ☐ 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	s who wish to work with children.		
WORK/VOLUNTEER EXPE	RIENCE		
TWO PERSONAL AND/OR	PROFESSIONAL REFERENCES		
1. Name:	Comr	pany:	
Relationship:	Phone (H)	Phone (W)	
2. Name:	Company:		
Relationship:	Phone (H)	Phone (W)	
All Volunteers working with c take to the RCMP office.	children are required to complete a Crir	minal Record Check. A letter will be provide	ed by CVAG to
The above information is acc	curate and correct to the best of my kno	owledge.	
Signature:		Date:	
<b>.</b>			
Ple	ease attach a current resume and n	nail or drop off at the Gallery.	
Thank you for y	your interest in volunteer	ing with Comox Valley Art G	3allery!
FOR OFFICE USE ONLY			
Reference Check:		CRC:	