



Art Gallery of
ALGOMA

Volunteer Application Form

Date of Application: _____

Personal Information

Name: _____

Full Address: _____

Telephone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Skills and Experience

Volunteer Experience

Work (please list current employer or former employer)

Applicable skills (Computer, fine art background, working with children)

Education (Only if you are a student)

High School: Grade level _____ Age _____

College/ University: _____

Are you volunteering for volunteer hours? Yes _____ No _____

Do you have a current police record check? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

We ask that all our volunteers...

- *Share an interest in the arts*
- *Believe in the AGA's vision (to be the premiere cultural institution in Northern Ontario for visual arts that aspires to gain national recognition)*
- *To participate in a Gallery orientation and training as needed*
- *Be at least 16 years of age (depends on your tasks), a parent or guardian must sign this form for youth under the age of 18*

References (please list persons other than your relatives)

Name: _____

Contact Information: _____

Name: _____

Contact Information: _____

I agree that all information I have provided is correct and up to date.

Signature:

Date:

Parent or Guardian Signature (If under 18):

Date:

Staff Notes: