

Volunteer position: Gallery Guide

Applicant name _____

Phone number _____ Alternate number _____

Address _____
Street address or PO Box # City Province Postal Code

Email address _____

Preferred form of contact (check one) Email Phone Text _____

Emergency Contact Information:

Name _____ Phone number _____

Please tell us about your education/training/experience
(volunteer or employment as it relates to this event/exhibition).

Certifications: _____

First Aid: _____

Other: _____

Are you available to volunteer for the full program/event dates? _____

If not, check the days/times you are available (Gallery@501 is closed Sundays and Mondays).

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

Do you have any schedule conflicts or planned absences?

How many volunteer shifts would you like per week? 1 2 Other

Commitment

I understand that Strathcona County will be providing a volunteer package and contact information from a County Liaison overseeing the volunteer program.

As a volunteer I agree to:

- fulfill my time and duty commitments (including orientation and training, if required);
- represent the County in a friendly, courteous manner when dealing with staff, the public and other volunteers.

Signature of Applicant Volunteer

Date