

T H E P O L Y G O N

VOLUNTEER APPLICATION FORM

First Name: _____

Last Name: _____

Preferred Name: _____

Preferred Pronouns: _____

Mailing Address: _____

City and Province: _____ Postal Code: _____

Phone: _____

Email: _____

How do you prefer to be contacted?

Email Phone

Please indicate which volunteer position(s) you are interested in (Select all that apply):

___ Family Programs ___ Adult Programs ___ Special Events ___ Front of House/ Greeter

___ Other (Please Specify) _____

General availability:

	Wednesday	Thursday	Friday	Saturday	Sunday
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"/>

Describe why you are interested in volunteering with The Polygon Gallery:

Please list any applicable education, skills or training that you have that would assist in your role:

Please describe any relevant experience from previous paid employment or volunteer positions:

Do you have any medical conditions that we need to be aware of?

Yes No

If yes, please explain: _____

Emergency Contact: _____

Relationship: _____ Tel: _____

Is there anything else you'd like us to know? _____

The Polygon Gallery Privacy Statement:

The protection of the personal information we collect is of utmost importance to The Polygon Gallery. All personal information of each volunteer will be kept secure and confidential at all times. It is the responsibility of the volunteer to ensure that all personal information is kept up to date.

I certify that the above information is true and complete to the best of my knowledge.

I do not wish to have my name or image used in Gallery materials (newsletter, recognition).

By law, The Polygon Gallery requires all volunteers to complete a criminal record check.

Note* (All volunteer criminal checks are free/ reimbursed)

Signature: _____ Date: _____

For more information, please contact: Rhonda Schultz, Guest Services & Volunteer Supervisor
E: r.schultz@thepolygon.ca P: 604 986 1361