THEPOLYGON

VOLUNTEER APPLICATION FORM

First Name: _						
Last Name: _						
Preferred Nar	me:					
Preferred Pro	onouns:					
Mailing Addre	ess:					
City and Prov	vince:		Postal Code:			
Phone:						
Email:						
How do you p	orefer to be conta	cted?				
Email [Pho	one 🔲				
Family I	Programs A	er position(s) you a	Special Eve	ntsFro		Greeter
General avail	ability:					
	Wednesday	Thursday	Friday	Saturday	Sunday	
Morning						
Afternoon						
Evening						
Describe why	you are intereste	ed in volunteering	with The Polygo	on Gallery:		
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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 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 tensure 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, Office and Guest Services Coordinator E: r.schultz@thepolygon.ca P: 604 986 1351