

Volunteer Application Form

Please note volunteers must be at least 15 years of age. Return form to: volunteer@wag.ca; or, Attn: Volunteer Services, 300 Memorial Boulevard, Winnipeg, MB, Canada R3C 1V1 T 204.786.6641 ext. 216 F 204.788.4998

1. Personal Information (please print)

Last Name: _____ First Name: _____
 Home Address: _____ City: _____
 Province: _____ Postal Code: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____

2. Emergency Contact

Name: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____

3. Education

School	Name of School or Course of Study	Highest Level Completed	Currently Attending
High School			
Post Secondary			
Other			
Special Training or Skills Received:			

Are you receiving academic credit for your volunteer work? No Yes, Hours Required _____

4. Employment History

Employer	Job Title	From	To	Reason for Leaving

Current Employment Status: Full-Time Part-Time Retired Student Unemployed

5. Volunteer Experience

Organization	Your Role	From	To	Reason for Leaving

Have you ever volunteered for the WAG before? No Yes, When? _____

6. Please Indicate Your Availability (example: 12:30 to 3:30pm)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

a) How long of a commitment are you prepared to make?
 6 months 9 months 1 year on-going

b) How often would you like to volunteer?

- 1 shift biweekly
- 1 shift/week
- 2-3 shifts/week
- 4+/week
- special events only

7. What type of volunteer opportunity are you interested in? (If interested in more than one please prioritize by numbering 1,2,3...)

- | | | |
|---|--|---|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> School Tour Guide | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Gallery Shop/Art Rentals | <input type="checkbox"/> Adult Tour Guides | <input type="checkbox"/> Public Programs |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Studio Programs | <input type="checkbox"/> Family Tour Volunteers |
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Library Services | <input type="checkbox"/> Family Sundays |
| <input type="checkbox"/> Other: _____ | | |

8. Please indicate the skills and experience you would bring to your volunteer role:

- | | | |
|--|---|--|
| <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Experience with Children | <input type="checkbox"/> Retail Experience |
| <input type="checkbox"/> Library Skills | <input type="checkbox"/> Teaching Skills | <input type="checkbox"/> Excel |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Word | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Internet Searching | <input type="checkbox"/> Blogging | |
| <input type="checkbox"/> Board Experience | <input type="checkbox"/> Acting | |
| <input type="checkbox"/> Artistic Skills: _____ | | |
| <input type="checkbox"/> Languages Spoken: _____ | | |
| <input type="checkbox"/> Other Skills: _____ | | |

9. What are your reasons for volunteering?

- | | | |
|--|--|---|
| <input type="checkbox"/> For Academic Credit | <input type="checkbox"/> To Learn New Skills | <input type="checkbox"/> For Social Interaction |
| <input type="checkbox"/> To Gain Employment Skills | <input type="checkbox"/> To Share My Skills | <input type="checkbox"/> To Stay Active |
| <input type="checkbox"/> To Support the Gallery | <input type="checkbox"/> Other: _____ | |

10. Please list two references, past or present employers, teacher, volunteer supervisors, etc.

We CAN OT accept family members or personal friends as references.

Name	Relationship	Email/Phone Number

I hereby authorize The Winnipeg Art Gallery to contact the above named reference to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing same. I further authorize the human resources department to maintain this information in their records and release and absolve them from liability that may otherwise accrue by reason of their keeping this information and using it for their purpose. Disclaimer: It is the policy of The Winnipeg Art Gallery to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and respect the confidential nature of information I might have access to in performing my volunteer duties for The Winnipeg Art Gallery.

Signature of Applicant _____ Date _____

Parental Consent (for those under 18 years of age)

I give _____ my consent to work as a volunteer at The Winnipeg Art Gallery.

Parent's Signature _____ Date _____

Sharing of Personal Information

- I authorize The Winnipeg Art Gallery to publish my name in:
- | | | |
|---------------|-----------------------------|------------------------------|
| Annual Report | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| my WAG | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
- My contact information may be shared with:
- | | | |
|-------------------------|-----------------------------|------------------------------|
| Fund Development Office | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Membership Office | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

For Office Use Only

Date received _____ Department _____

Date Interviewed _____ Supervisor _____

Child Abuse Registry Check Completed: No Yes Date Received _____

Additional Information: _____