



# VOLUNTEER APPLICATION FORM

Date:      /      /       
                  D/M/Y

## PERSONAL INFORMATION

Name		
Street Address		
City:	Province:	Postal Code:
Home Phone (     )            -	Work Phone (     )            -	
E-mail (optional):	Under 18: <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult: <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>EMERGENCY CONTACT INFORMATION</b>		Relationship
Name	Phone (     )            -	

### Why do you want to volunteer with the Red Deer Museum + Art Gallery?


Are you interested in: **ONE TIME PROJECT?**  Yes or **LONG TERM** commitment?  Yes  Both

If a one time project please provide project name (*if known*): \_\_\_\_\_

Would you like to be contacted about other short term/one time projects in the future?  Yes  No

## SKILLS AND INTERESTS


Position applying for (*if known*): \_\_\_\_\_

What areas are you most interested in volunteering? (*Check where appropriate*):  All Areas  RMM

Collections    Education Programs    Art Programs    Marketing & Media

Gallery Attendant    Special Events/Gallery Openings

MAGnificent Saturdays    Other (*Specify*): \_\_\_\_\_

## AVAILABILITY

Please fill in chart below with availability (*include hours of availability*):

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

How much time in hours are you able to commit per week/month? \_\_\_\_\_

How did you learn about volunteer opportunities with our organization? (*Pls. Check*):

Radio  Posters  Newspaper  Word of Mouth  Other (*specify*): \_\_\_\_\_

**EMPLOYMENT HISTORY:** Tell us about your work experience and how it will prepare you for volunteering at the MAG. You may attach a resume in addition to your comments.


**EDUCATION:** Educational background and area of specialty. (*If applicable*)


**VOLUNTEER HISTORY:** Have you worked as a volunteer before?  Yes  No

Tell us about your past volunteer experience:


**SPECIAL REQUIREMENTS**

Do you have any: health concerns, allergies or medications, which may restrict or limit you from doing certain types of work? (*Please explain*):


**REFERENCES:** Please provide two references (*can be professional or personal*)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

**ACKNOWLEDGEMENT OF INFORMATION PROVIDED**

I agree that the information stated in my Volunteer Interest Form is correct to the best of my knowledge.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I will be asked to undergo a Police Information Check and Child Intervention Record at no cost to myself.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby grant the Red Deer Museum + Art Gallery (MAG), permission to check my references to obtain information required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the MAG has a screening process and I may not be offered a role.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Privacy Statement:** All Information collected in accordance with PIPA (Personal Information Protection Act) will be used solely for determining eligibility and suitability for the MAG volunteer program.

Signature: \_\_\_\_\_ | Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
D/M/Y

**Thank you for completing this interest form for volunteering with us.**

Please review your interest form to ensure you have provided us with all the information requested. You may drop off in person or mail this application to: Volunteer Coordinator, Red Deer Museum + Art Gallery, 4525 47A Ave, Red Deer, AB, T4N 6Z6 or E-mail this application to: [Museum@reddeer.ca](mailto:Museum@reddeer.ca). You may contact the MAG at 403-309-8405 for more information.