



Volunteer Application Form

Personal Information

First Name: _____ Middle Initial: ____ Last Name: _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone number :(____) _____

Cell Phone number :(____) _____

Email address: _____

Date of Birth: _____

Spoken Language(s): English French Other _____

Experience & Interest

Please check all groups you have experience working with:

- Children
- Teens
- Adults
- Seniors
- Special needs (adults or children)

Do you have any visual art experience? YES NO

Education _____

Mediums: _____

Previous volunteer experience:

1. Organization: _____ Position Held: _____ Nature of Work: _____

2. Organization: _____ Position Held: _____ Nature of Work: _____

References

1. Name: _____ Phone number:(____) _____

2. Name: _____ Phone number:(____) _____

Please complete side two. Signatures are required.



Availability

- Daytimes
- Evenings
- Weekends

Accessibility

Do you have any special needs for accommodation? YES NO

- If Yes please clarify _____

Position Preference

Classroom/Program Assistant:

- Children
- Adults
- Special Needs

General Volunteer:

- Various Projects (e.g. material preparation)
- Special Events

What are your reasons for applying for volunteer work at Visual Arts Mississauga (VAM):

- Work experience
- Giving back to my community
- Meet new people
- Improve English speaking
- Other _____

Applicant Signature

By signing below, I authorize Visual Arts Mississauga to collect personal information appropriate to the position for which I have applied concerning employment, volunteer history and verifying the reference I have supplied. I understand that the information obtained will be confidential. I acknowledge and understand that **if I am over the age of 18** that I must obtain a Vulnerable Sector Search, Police Records Search that is acceptable to Visual Arts Mississauga. I understand that I am responsible for any costs associated with this process, if applicable.

First Name: _____ Last Name: _____

Signature of Applicant: _____ Date: _____

Please scan and email, post or fax your application to location below, attention Program Development Manager. You will be contacted for an interview within 4 weeks of submitting this form. Training for all positions will be provided.

*Personal information collected on this form is collected under the guidelines of Bill C-6 of the Federal Personal Information Protection & Electronic Act. Questions about collection should be addressed to Visual Arts Mississauga Administration, 4170 Riverwood Park Lane, Mississauga, ON L5C 2S7