

Date:

PERSONAL INFORMATION

Name: Pronouns:

E-mail:

Street: City:

Province: Postal Code: Phone #:

EMERGENCY CONTACT INFORMATION

Name: Phone #:

AGE

☐ Under 17 ☐ 18-30 ☐ 30-55 ☐ 55+

PLEASE SPECIFY YOUR AREAS OF INTEREST

(Please note: some positions may require a current police reference check)

- ☐ **Create & Connect:** A dedicated team of volunteers 55 and up who offer hands-on learning and art making to the 55+ community
- ☐ **Flyer Distribution:** Deliver marketing materials throughout Waterloo Region and Guelph.
- ☐ **Arts Activity Assistant:** Help at classes, camps and family programs controlling art materials, sharing ideas and encouraging creativity in children and adults alike.
- ☐ **Youth Council:** A dedicated group of youth aged 13-18, who meet every other week throughout the school year to develop and work on new gallery programs.
- ☐ **Special Events Assistant:** Provide hospitality services, public relations, and general event organization at numerous unique events from exhibition openings to fundraisers.
- ☐ **Committee Member:** Several of our projects are run by committees of staff and volunteers, including the Development Committee, the Permanent Collection Committee and our Board of Directors.
- ☐ **Multilingual Assistant:** This is for all volunteers who can speak more than one language and are interested in supporting multilingual programs, marketing, etc.
- ☐ **Photographer:** Support marketing by photographing programs and events
- ☐ **Other** _____

KITCHENER-WATERLOO ART GALLERY KWAG.CA

101 Queen Street North, Kitchener, ON N2H 6P7
T 519-579-5860 // E volunteer@kwag.on.ca

Volunteer Application Form

DO YOU SPEAK ANY OTHER LANGUAGES IN ADDITION TO ENGLISH?

☐ No ☐ French ☐ Spanish ☐ Mandarin ☐ Arabic ☐ Urdu ☐ Other _____

REASON FOR SEEKING VOLUNTEER EXPERIENCE AT KWAG (please check all that apply)

- ☐ I would like to meet new people ☐ I would like to gain experience in an arts environment
☐ I would like to develop my skills ☐ I need to fulfill my 40-hour high school volunteer commitment

☐ Other (please explain)

If you checked the box above, please provide school name: _____

SKILLS AND/OR EXPERIENCE I CAN OFFER KWAG

DO YOU HAVE ANY ALLERGIES / DIETARY RESTRICTIONS?

DO YOU HAVE ANY ACCESSIBILITY REQUIREMENTS OR HEALTH CONCERNS YOU WOULD LIKE KWAG TO BE AWARE OF ?

I GIVE KWAG PERMISSION TO:

- ☐ Contact me by email about all current and future volunteer opportunities
☐ Contact me by email about what's happening at the Gallery (KWAG e-News)
☐ Use my photo for Marketing purposes

TO SUBMIT APPLICATION FORM

Save, attach to e-mail, and send to volunteer@kwag.on.ca **OR** print and deliver to **101 Queen St. N., Kitchener, N2H 6P7**

ADMINISTRATIVE USE ONLY

Initial Contact Date:

Meeting Date:

Opt in for e-mail list(s)? ☐ Yes ☐ No If yes, please add to database.