



Volunteer Application Form

Why be a volunteer?

Share your skills, talents, and enthusiasm in a fun and friendly environment. Whatever your area of interest, whatever amount of free time you have to contribute, we would appreciate your help.

Name _____ Date _____

Address _____

City _____ Postal Code _____

Telephone: Home _____ Work _____

Email _____

Birth date (optional) _____

After referring to the **Volunteer Positions** list, tick the positions you are interested in:

- | | |
|---|--|
| <input type="checkbox"/> Clerical Assistance | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Gallery Receptions | <input type="checkbox"/> Reception Desk |
| <input type="checkbox"/> Gardening/Clean-up | <input type="checkbox"/> Gallery Committee |
| <input type="checkbox"/> Refreshments Committee | <input type="checkbox"/> Performance Committee |
| <input type="checkbox"/> Membership Committee | |

Other: _____

Languages (other than English): Speak _____ Read/Write _____

Skills: _____

Interests: _____

Past Volunteer Experience: _____

Allergies/Physical Limitations: _____

- Frequency of Availability:** Regular basis
 One-time projects/events
 Flexible times

Time availability:

	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____

What months do you anticipate being able to volunteer? _____

Emergency Information

In an emergency, call: _____ Relationship _____

Home telephone _____ Work telephone _____

Volunteer Release Statement

As a condition of my participation in the Oceanside Community Arts Council/McMillan Arts Centre Volunteer Program, I hereby release the Oceanside Community Arts Council/McMillan Arts Centre and its agents, associates and related parties from all responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer activities.

I have read and accept the Oceanside Community Arts Council/McMillan Arts Centre release statement.

Signature: _____

Date: _____

After reviewing your application, we will contact you to discuss your interests and find the volunteer opportunity most suitable for you. Thank you for showing an interest in our volunteer program.

McMillan Arts Centre
 133 McMillan Street
 P.O. Box 1662
 Parksville, BC V9P 2H5
 Hours: Tuesday – Saturday 10:00-4:00

Administration Office: (250) 248-8185
 Email: info@mcmillanartscentre.com
 Website: www.mcmillanartscentre.com