

# Georgina Arts Centre & Gallery



**EXCITE \* INSPIRE \* EDUCATE**

## Volunteer Information Sheet

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Do you give us permission to contact you by email? \_\_\_\_\_

What is the best time of day to call you? \_\_\_\_\_

Do you have any health conditions we should be aware of? If yes, please specify.

\_\_\_\_\_

Age:  12-14  15-17  18-24  25-35  35-55  Senior (56+)

How did you hear about volunteering at the GAC? \_\_\_\_\_

Do you have an updated York Regional Police "Vulnerable Sector Screening"?  Yes  No

Are you able to obtain the VS Screening if required for a volunteer position?  Yes  No

Do you have any special needs that would need to be taken into consideration for some positions?

If so, please specify. \_\_\_\_\_

Do you have any specific talents that you would like to offer? (ie. Computer skills, carpentry, etc.)

Please list: \_\_\_\_\_

What area of volunteering would you be interested in participating? Check any that apply.

✓	Events	✓	Daily Operations
<input type="checkbox"/>	Monthly Luncheons	<input type="checkbox"/>	Front Desk Team
<input type="checkbox"/>	Street Team (booths / info / children's crafts)	<input type="checkbox"/>	Building maintenance
<input type="checkbox"/>	Opening / Closing receptions	<input type="checkbox"/>	Gallery docent / Guide
<input type="checkbox"/>	Special Events (indoor / outdoor)	<input type="checkbox"/>	Gardening and outdoor clean up
<input type="checkbox"/>	40 Hours to Graduate High School		
<input type="checkbox"/>	Other:		

What is your availability?

Week nights  Week days  Weekends  Specific Times: \_\_\_\_\_

Thank You for Inquiring!