



Art Gallery of Hamilton
engage your imagination

VOLUNTEER APPLICATION FORM

Surname:		Given Name(s):		Home phone #:	
				Alternate #:	
				E-Mail Address:	
Address		City	Province	Postal Code	
How did you learn about our Volunteer Programme? <input type="checkbox"/> Another volunteer <input type="checkbox"/> Friend <input type="checkbox"/> Family member <input type="checkbox"/> Website <input type="checkbox"/> Other _____					
Are you currently a member of the Art Gallery of Hamilton? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION				
Name of Institution	Course/Program	# of Years	Degree or Diploma	Year

EMPLOYMENT/ VOLUNTEER EXPERIENCE	
List most recent position first. (Use an extra sheet or attach a Curriculum Vitae if necessary)	
Name and Address of organization	Position <input type="checkbox"/> F/T <input type="checkbox"/> P/T
	Placement / Employment Period
	From: _____ To: _____
	Reason for leaving
Functions/Responsibilities	
<hr/>	
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