

Volunteer Application

Art Gallery of Hamilton

Please download/save this document to your computer before completing the application. To submit your application, please email the file, along with a current résumé, to volunteering@artgalleryofhamilton.com.

APPLICANT INFORMATION		
Name		
Street Address		Unit #
City	Province	Postal Code
Primary Phone		Are you over the age of 18? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Email Address		

INTERESTS			
<input type="checkbox"/>	Education – Docent	<input type="checkbox"/>	Retail / Art Rental & Sales
<input type="checkbox"/>	Education - Studio Assistants	<input type="checkbox"/>	Special Events
<input type="checkbox"/>	Film & Performance	<input type="checkbox"/>	Visitor & Member Services

Why are you interested in volunteering at the gallery?
What specific skills/abilities do you feel you bring to the gallery?
What are your interests?
Please list any relevant education/work/volunteer experiences.

How did you learn about our Volunteer Program?

☐ AGH volunteer ☐ Friend/Family ☐ AGH Website ☐ Other _____

Are you currently a member of the Art Gallery of Hamilton? ☐ Yes / ☐ No

If not, it is a requirement of the volunteer committee. Discounted volunteer fees are available.

REFERENCES

Name	Telephone No.:	Relationship:	No. of years known:

CONDITIONS OF APPLICATION

The information I have provided is correct to the best of my knowledge and I understand that any misrepresentation will be just cause for rejection of this application or termination from the AGH Volunteer Program.

I hereby consent and authorize the AGH to obtain information from my personal references and that no act of libel or damages shall be instigated by me against same by the release of such information.

I agree to sign a Waiver and understand that any offer of participating in the AGH Volunteer Program will be conditional upon the criminal record declaration being satisfactory to the AGH. In Education placement areas, I agree to obtain an additional Vulnerable Sector Screening security check with my local Police Services, for which the \$25 cost will be reimbursed by the AGH after three months of successful Volunteer involvement.

I agree that if accepted into the AGH Volunteer Program I will become a Member of the AGH and attend the required Orientation Session(s).

Signature: _____ Date: _____

The Art Gallery of Hamilton is committed to providing accommodations throughout the volunteer recruitment process. If you require accommodation, please notify us and we will work with you to meet your needs.

The Art Gallery of Hamilton and its Volunteer Committee thank you for your interest. A representative of the Volunteer Committee will contact you to advise you on the opportunities available and to arrange a mutually convenient time when you can attend the Gallery for an interview.
