ART GALLERY OF HAMILTON

2017/2018 CAMP VOLUNTEER APPLICATION AND WAIVER

| ΔΡΡΙΙζΔΝΤ ΙΝΕΩΡΜΔΤΙΩΝ | | |
|-----------------------|--|--|

| AFFLICANT INFORMATION | | | | |
|--|-------------------------------------|--------------------------------|--|--|
| Name | Age* | | | |
| Email | Phone | | | |
| Address | City | Postal Code | | |
| Medical conditions, allergies, or accommodations**: | | | | |
| Emergency Contact: | Relationship: | Relationship: | | |
| Day Phone: | Other Phone: | Other Phone: | | |
| *If the volunteer is under 18 years of age, a parental consent form must be signed in order for them to participate as a volunteer. **The AGH is committed to providing accommodations throughout the recruitment process. If you require accommodation, please notify us and we will work with you to meet your needs. | | | | |
| WAIVER | | | | |
| In signing this release, I declare that I have seen a copy of the description of duties and understand that the exact duties may differ somewhat from the description, and agree to follow all conduct outlined in the Training Manual. | | | | |
| I understand the intent thereof, and I hereby absolve a parties connected with this event in any way, singly or col injury, misadventure, harm, loss, inconvenience or damagany activities associated therewith. | lectively, from and against any b | lame and liability from any | | |
| ☐ I give full permission for use of my name and/or photograph in connection with this event. | | | | |
| I confirm that the information I have provided is corre | ct. | | | |
| CRIMINAL RECORD | | | | |
| YES NO Have you ever been convicted of a crimi please provide an explanation on a separate sheet outlinic Vulnerable Sector Screening security check with Hamilton the AGH after successful Volunteer involvement. | ng the details). If you are over th | e age of 18 you must obtain a | | |
| Name | Signature* | | | |
| Date | | | | |
| *If under 18, parent/guardian must complete section bel | ow | | | |
| PARENTAL CONSENT FORM | | | | |
| Applicant | Parent/Guardian | | | |
| I, as the parent or legal guardian of the applicant, give Hamilton and carry out assigned duties as a volunteer dur of duties and understand that the exact duties may differ | ing AGH Summer Camp. I have s | seen a copy of the description | | |
| I have reviewed this full application and confirm that the information provided is correct | | | | |
| Signature | Date | | | |

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| ΑV | ΆΙ | LAB | ILI | ΤY |
|----|----|-----|-----|----|
|----|----|-----|-----|----|

| How many sessions (weeks) are you interested in? | | | | | |
|---|--|--|--|--|--|
| PA Days – Full Day ONLY Sept. 22, 2017 Jan 3, 2018 Mar. 2, 2018 Jun. 7, 2018 | ☐ Dec 1, 2017 ☐ Jan 5, 2018 ☐ Jun. 8, 2018 | ☐ Jan 2, 2018 ☐ Jan 26, 2018 ☐ Jun. 22, 2018 | | | |
| March Break Camp – Full Week ONLY – full day, morning of March 12 to 16, 2017 | or afternoon shifts av | ailable. morning afternoon | | | |
| Summer Camp – Full Week ONLY – full day, morning or afternoon shifts available. Art Without Barriers – July 9-13 | | | | | |
| Why is the Art Gallery of Hamilton's Camp Assistant position a good fit for you? | | | | | |
| Please describe any skills you have that would be applicabl camp, art interest, other volunteer roles): | e to assisting with AGI | H Camp programs: (ie: babysitting, | | | |
| What do you like to do in your spare time? Tell us a bit abo | ut yourself: | | | | |
| Have you taken been registered in AGH Studio and/or Camp Programs in the past? YES NO If yes please specify: | | | | | |
| Have you volunteered with the Camp Program in the past? YES NO | | | | | |
| Have you completed the three hour training program? | | | | | |