

Please note you must save this form to your computer before completing it. Once completed please email to hr@artgalleryofhamilton.com

| | | |
|--|----------|---|
| Name | | |
| Mailing Address | | |
| City | Province | Postal Code |
| Phone | Email | |
| Are you currently a member of the AGH? <input type="checkbox"/> Yes / <input type="checkbox"/> No | | Are you 18 years of age or older? <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Emergency Contact (Name & phone number) | | |

| AREAS OF INTEREST | | |
|--|---|--------------------------|
| Role | Necessary Qualities | Interested? |
| Greeter: Welcomes guest; hands out programs; answers questions. | Excellent great customer service skills; friendly & approachable | <input type="checkbox"/> |
| Concierge: Resolves guest issues, escalates to staff as necessary; welcomes sponsors and media. | Excellent great customer service skills; friendly & approachable; stays calm under pressure; quick thinking, able to resolve customer service issues. | <input type="checkbox"/> |
| Ticket Sales: Sells guests tickets, accepts cash, credit, or debit; reconciles cash at end of shift. | Excellent great customer service skills; friendly & approachable; stays calm under pressure; quick thinking, able to resolve customer service issues; previous retail experience; good arithmetic skills. | <input type="checkbox"/> |
| Usher: Checks that all guests have valid tickets/passes; counts guests with clicker. | Excellent great customer service skills; attention to detail. | <input type="checkbox"/> |
| Tech/Reserved Seating: Sets up and turns on microphone and spotlight for film introduction; directs guests with reserved seating. | Excellent great customer service skills; comfortable with or interest in audio/visual equipment (training will be provided). | <input type="checkbox"/> |

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 understand that any offer of participating in the AGH Volunteer Program will be conditional upon the criminal record declaration being satisfactory to the AGH.

Signature: _____ Date: _____

RELEASE/WAVER

In consideration of my Volunteer work, I understand that I am not entering into an employment relationship with the Art Gallery of Hamilton, that I am subject to the Policies and Procedures outlined in the AGH Volunteer Committee Operations Manual, and that I represent the AGH.

- I will follow all rules, guidelines and abide by any and all risk assessments, health and safety regulations and instructions received prior to or during volunteer activities.
- I understand that I have the right to refuse work that I believe is unsafe.
- I acknowledge that the AGH does not insure personal vehicles used by volunteers on AGH business.

ACCESSIBILITY POLICY

I have read the AGH Accessibility Policy and will adhere to and support this policy in all of my activities at the AGH. I am familiar with the policies and procedures outlined within and will ensure that my work supports the principles of dignity, independence, integration, and equal opportunity of people with disabilities.

CONFIDENTIALITY

I understand that I have an obligation to respect the confidentiality of any sensitive information or dealings that relate to my volunteering at the AGH. I agree that I will not disclose any confidential information without prior written authorization from the AGH.

PHOTO RELEASE

While participating in AGH activities I grant permission to the AGH to use images captured of me through video, photo and digital camera for the purposes of promotional material and publications and waive any rights to compensation or ownership.

Yes / No

CRIMINAL RECORD

Have you ever been convicted of a criminal offense for which a pardon has not been granted?

Yes / No *If you have, please provide an explanation on a separate sheet outlining the details.

This agreement shall be governed by and interpreted in accordance with the laws of the Province of Ontario.

By signing below, I acknowledge that I have read and understood the conditions of this Volunteer Release/Waiver. I also acknowledge that I have read, understood and will abide by policies as outlined in the current version of the AGH Volunteer Committee Operating Manual.

Signature: _____ Date: _____

Print Name:

Signature of Witness or Parent/Guardian (if under 18 years):

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.