ART GALLERY OF HAMILTON

2018 CAMP VOLUNTEER APPLICATION AND WAIVER

APPLICANT INFORMATION

Name	Age*	
Email	Phone	
Address	City	Postal Code
Medical conditions, allergies, or accommodations**:		
Emergency Contact:	Relationship:	
Day 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 and hold harmless the Art Gallery of Hamilton, or any other parties connected with this event in any way, singly or collectively, from and against any blame and liability from any injury, misadventure, harm, loss, inconvenience or damage hereby sustained as a result of participation in this event or any activities associated therewith.

☐ 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 correct.

CRIMINAL RECORD

☐ **YES |** ☐ **NO** Have you ever been convicted of a criminal offense for which a pardon has not been granted? (if yes, please provide an explanation on a separate sheet outlining the details). If you are over the age of 18 you must obtain a Vulnerable Sector Screening security check with Hamilton Police Services, for which the $25 cost will be reimbursed by the AGH after successful Volunteer involvement.

Name	Signature*
Date	

*If under 18, parent/guardian must complete section below

PARENTAL CONSENT FORM

Applicant	Parent/Guardian

☐ I, as the parent or legal guardian of the applicant, give my consent for the applicant to assist the Art Gallery of Hamilton and carry out assigned duties as a volunteer during AGH Summer Camp. I have seen a copy of the description of duties and understand that the exact duties may differ somewhat from the description.

☐ I have reviewed this full application and confirm that the information provided is correct

Signature	Date

ART GALLERY OF HAMILTON

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AVAILABILITY

How many sessions (weeks) are you interested in?

PA Days – Full Day ONLY

☐ Jun. 7, 2018 ☐ Jun. 8, 2018 ☐ Jun. 22, 2018

Summer Camp – Full Week ONLY – full day, morning or afternoon shifts available.

Art Without Barriers – July 9-13	☐ Full Day	☐ morning	☐ afternoon
Summer Camp, Week One – July 16-20	☐ Full Day	☐ morning	☐ afternoon
Summer Camp, Week Two – July 23-27	☐ Full Day	☐ morning	☐ afternoon
Summer Camp, Week Three – August 13-17	☐ Full Day	☐ morning	☐ afternoon
Summer Camp, Week Four – August 20-24	☐ Full Day	☐ morning	☐ afternoon

- *Full Day Shifts are from 8:30 to 4:30 or 9:00 to 5:30, lunch will be scheduled with the instructor.*
- *Morning shifts are from 8:15 to 1:15.*
- *Afternoon shifts are from 11:45 to 5:30*

EXPERIENCE

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 applicable to assisting with AGH Camp programs: (ie: babysitting, camp, art interest, other volunteer roles):
What do you like to do in your spare time? Tell us a bit about 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? ☐ **YES |** ☐ **NO**

Please complete and return, via email (**education@artgalleryofhamilton.com**), fax (905-577-6940), in person or mail (Attn: Education Department, 123 King St. West, Hamilton L8P 4S8).
For info call 905-527-6610 ext. 254.