

VOLUNTEER APPLICATION

The Abbotsford Arts Council encourages the participation of volunteers who support our mission. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in volunteering with us! Name: _____ City:_____ State:____ Zip:_____ Phone: _____ Email: _____ Employer: ______ Position: _____ Any special talents, skills or experience you have that you feel would benefit our organization? Interests: Please tell us in which areas you are interested in volunteering Gallery Attendant ____ Workshops & Events ____ Fundraising ____ Admin ____ Marketing Beautification Kariton Gallery is usually open between 11am and 3pm. Please indicate days you are available during this time: Mon Tues Wed Thur Fri Sat Are you available on Friday/Saturday evenings for events or workshops? Any physical limitations? In case of emergency contact: _____ As a volunteer of the Abbotsford Arts Council I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

_____ Date: _

Signature: __