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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DATA** | | | | | | | | | | | | | | | |
| Last name: | | | | | | | | | Given Name(s): | | | | | | |
| Address: | | | | | | | | E-mail: | | | | | | | Home Telephone: |
| City | | | | | Province | | | Postal Code | | | | | | | Daytime Telephone: |
| What is the best time to reach you? | | | | | | | | | | | | | | | |
| Why do you wish to be a volunteer for Guelph Museums? | | | | | | | | | | | | | | | |
| Have you had any previous volunteer experience? | | | | | | | Yes | | | | No | | | | |
| If yes, list the organizations (also list duties/responsibilities) | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT** | | | | | | | | | | | | | | | |
| Name of Contact: | | | | | | | | | | | | | | | |
| Home Phone Number: | | | | | | | Business Phone Number: | | | | | | | | |
| Allergies/Medical Concerns: | | | | | | | | | | | | | | | |
| Do you have any special interests/hobbies? | | | | | | | | | | | | | | | |
| **EDUCATION /TRAINING** | | | | | | | | | | | | | | | |
| Elementary/Secondary School & Grade level completed: | | | | | | | | | | | | | | | |
| Community College/Business, Trade or Technical School, University: | | | Certificate/Diploma/License | | | | | | | | | | Major Subject | | |
| Other courses, workshops, seminars | | | | | | | | | Designation, Certificates, Degrees | | | | | | |
| Other training or skills: | | | | | | | | | | | | | | | |
| **WHERE DID YOU HEAR ABOUT THIS OPPORTUNITY?** | | | | | | | | | | | | | | | |
| □ Mercury/Tribune | | □ Volunteer Centre of Guelph/Wellington | | | | | | | | | | | □ Radio/Television | | |
| □ School | | □ University/College Student Paper | | | | | | | | | | | □ Leisure Guide | | |
| □ City Website | | □ Friend | | | | | | | | | | |  | | |
| □ Other: | |  | | | | | | | | | | | | | |
| **VOLUNTEER OPPORTUNITY** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Please check area you would be most interested in volunteering | | | | | | | | | | | | | | | |
| □ school programs/tours | | | | □ Cataloguing / data entry | | | | | | | | □ historical research  □ exhibit design  □ other | | | |
| □ gift shop/reception | | | | □ fundraising | | | | | | | |
| □ special events | | | | □ gardening | | | | | | | |
| Please check the days and times when you are available to volunteer, please check all that apply | | | | | | | | | | | | | | | |
| **Day** | **AM** | | | | | **PM** | | | | **EVENING** | | | | **Time of Year** | |
| Monday | □ | | | | | □ | | | | □ | | | | □ All year round | |
| Tuesday | □ | | | | | □ | | | | □ | | | | □ Summer (July-August) | |
| Wednesday | □ | | | | | □ | | | | □ | | | | □ Fall (Sept. – Dec.) | |
| Thursday | □ | | | | | □ | | | | □ | | | | □ Winter (Jan. – Mar.) | |
| Friday | □ | | | | | □ | | | | □ | | | | □ Spring (Apr. – June) | |
| Saturday | □ | | | | | □ | | | | □ | | | |
| Sunday | □ | | | | | □ | | | | □ | | | |

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| **REFERENCES** | | | | |
| Give the names of at least 3 persons who can supply information pertinent to your performance. Your reference must be able to speak to your suitability as a potential volunteer. (Family members and friends may not provide references.) I hereby authorize any individual, company, or institution to provide Guelph Museums of the City of Guelph with any information they may have concerning my performance, and I do hereby release such individual, company or institution from any and all liability by reason of providing such information.  I understand that a volunteer position is conditional upon:   1. Verification of reference checks. 2. Adherence to the policies, guidelines and regulations which may include a police record check and 3. Meeting the qualifications of the volunteer position description.   **Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| Name: | Email:  Phone: | | Relationship to Applicant  (ie. Supervisor, teacher etc.) | |
| Name: | Email:  Phone: | | Relationship to Applicant  (ie. Supervisor, teacher etc.) | |
| Name: | Email:  Phone: | | Relationship to Applicant  (ie. Supervisor, teacher etc.) | |
| **Notice of Collection:**  *The personal information on this form is collected and retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), for administration of the Guelph Museum programs. At no time will your personal information be disclosed without your express written consent. If you have any questions you may contact the City of Guelph Access, Privacy and Records Specialist, City Hall at 519-822-1260 ext. 2349 or by email at* [*tina.mckinnon@guelph.ca*](mailto:tina.mckinnon@guelph.ca)    **Thank you for considering volunteering with Guelph Museums - City of Guelph**  **If you have any questions about your application you may contact Val Harrison, Supervisor Visitor Experiences at 519-836-1221 x 2773 or by email at** [**val.harrison@guelph.ca**](mailto:val.harrison@guelph.ca) | | | | |
| **For Office Use Only revised October 2012** | | | |
| Interview Date: | | Start Date: | |
| Interviewer: | | Input Date: | |
| Police Record Check:  (if applicable) | | Insurance Check:  (if applicable) | |