



VOLUNTEER APPLICATION FORM

Date:

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/Degree	Major Subject
Other courses, workshops, seminars		Designation, Licence	
Other training or skills:			
WHERE DID YOU HEAR ABOUT THIS OPPORTUNITY?			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Volunteer Centre	<input type="checkbox"/> Radio/Television	
<input type="checkbox"/> School	<input type="checkbox"/> University/College Student Paper	<input type="checkbox"/> Leisure Guide	
<input type="checkbox"/> City Website	<input type="checkbox"/> Friend		
<input type="checkbox"/> Other:			

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VOLUNTEER OPPORTUNITY		
Please check area you would be most interested in volunteering		
<input type="checkbox"/> School programs/tours <input type="checkbox"/> Gift shop/reception <input type="checkbox"/> Special events	<input type="checkbox"/> Cataloguing / data entry <input type="checkbox"/> Fundraising <input type="checkbox"/> Gardening	<input type="checkbox"/> Historical research <input type="checkbox"/> Exhibit design <input type="checkbox"/> Other

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> All year round
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Summer (July-August)
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fall (Sept. – Dec.)
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Winter (Jan. – Mar.)
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Spring (Apr. – June)
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.		
Name:	Email:	Relationship to Applicant <small>(ie. Supervisor, teacher etc.)</small>
	Phone:	
Name:	Email:	Relationship to Applicant <small>(ie. Supervisor, teacher etc.)</small>
	Phone:	
Name:	Email:	Relationship to Applicant <small>(ie. Supervisor, teacher etc.)</small>
	Phone:	

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: _____

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.

Thank you for considering volunteering with Guelph Museums. If you have any questions, contact Val Harrison, Supervisor Visitor Experiences at 519-836-1221 x 2773 or val.harrison@quelph.ca

For Office Use Only		revised June 2018	
Interview Date:		Start Date:	
Interviewer:		Input Date:	
Police Record Check: (if applicable)		Insurance Check: (if applicable)	