

1333 Lakeshore Road, Burlington, ON
T: 905.632.7796 F: 905.632.0278 W: agb.life



ART GALLERY
BURLINGTON

VOLUNTEER APPLICATION FORM

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

My parent/guardian is aware that I am applying for this volunteer position

Availability: (Please mark the appropriate blocks of time with an "x" or with specific hours of availability.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
a.m.							
p.m.							
Special Notes:							

Areas of Interest:

<input type="checkbox"/> Summer Art Camp (full week)	<input type="checkbox"/> Summer co-op (4 spaces avail.)	<input type="checkbox"/> Family Open Studios (Saturday)
<input type="checkbox"/> PA Days (full day)		

Do you have any previous volunteer and/or work experience?

Please Provide 2 References we can contact:

Name: Relationship to applicant: Phone #: Email:	Name: Relationship to applicant: Phone #: Email:
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Please return your completed application to Jeannie Kim via jeannie@agb.life.