

Contact Information PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____
 Street Address: _____
 City: _____ Postal Code: _____
 Phone: _____ Email: _____
 Emergency Contact: Name/Relationship/Phone: _____

VOLUNTEER INTERESTS Please check (✓) all that you are interested in

- Gallery Attendant (Tuesday to Saturday only)
- Opening Reception Assistant
- Opening Reception Host
- Gallery Installation Assistant
- Events Assistant
- Art Workshop Assistant
- Office Assistant

**Detailed Job Descriptions available on-line or at the office*

Do you have a **SERVING IT RIGHT Certificate?** (The Responsible Beverage Service Program) YES ___ NO ___

AVAILABILITY Please indicate times when you are available

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

WORK AND VOLUNTEER EXPERIENCE

Date of Application: _____ (All information is CONFIDENTIAL and NOT given out to anyone)

Please return application to:
 North Vancouver Community Arts Council, 335 Lonsdale Avenue, North Vancouver, BC V7M 2G3
 Tel: 604-988-6844 Fax: 604-988-2787 info@nvartscouncil.ca www.nvartscouncil.ca

Office Use
 Date interviewed:
 Notes: