



Glenhyrst Art Gallery of Brant
 20 Ava Rd, Branford, Ontario, N3T 5G9
 Phone: 519-756-5932 Fax: 519-756-5910
 Email: info@glenhyrstartgallery.ca
 Website: www.glenhyrst.ca

Volunteer Application Adult & Teen

Name: _____

Address: _____
Street City Postal Code

Phone (Home): _____ (Cell): _____

Email: _____

Emergency Contact: _____ Phone: _____

Teen Applicants Only:

Age: _____ Grade: _____ School Name: _____

Parent / Guardian Name: _____ Phone: _____

Allergies/Conditions that we should be aware of: _____

On a separate sheet, please include a brief description of your personality, interests, talents, and why you are interested in volunteering at the gallery. *(Applicants will be selected for an interview based on their application, so please be thorough.)* Provide information of what you hope to learn and volunteer opportunities of interest.

Current Employer (if employed): _____
Name Address Telephone

Previous Volunteer Experience (positions held, responsibilities, names of organizations, years of service): _____

Languages Spoken (if other than English): _____

Education: _____

Specific Skills and Interests: _____



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What type of volunteer experience are you looking for?

- Art Rental & Sales Showroom
- Fundraising & Special Events
- Front Reception & Public Promotions
- Tours & Education Programmes
- Summer Art Studio Volunteers
- Other: _____

When are you available to volunteer? Days Afternoons Evenings Weekends

When are you NOT available for volunteer duties? (List days, weeks or months) _____

Currently a member of the Gallery? Yes No

References: Please provide at least one name for a personal reference and a volunteer/work-related reference.

Name	Name
Address	Address
Telephone	Telephone
Relationship	Relationship

**The Glenhyrst Art Gallery of Brant thanks you for your interest.
 A representative will contact you in the near future to advise you on the opportunities available
 and set up a time when you can come into the Gallery for an interview.**

Applicants Signature

Date