

DEDOONAL INFORMATION

VOLUNTEER APPLICATION PUBLIC PROGRAMS ASSISTANT

Please complete this application form if you are interested in becoming a volunteer with the RAG's *Public Programs*. This position varies in schedule and duties, and we request a minimum 6-month commitment to the Gallery, volunteering at various programs throughout the year. Programs include Exhibition Opening Receptions, Artist Talks, Curator Tours and Talks, Art Workshops, and various Community Events. Typical duties include preparing and serving food/drink, Gallery ambassador, assist with set-up/clean up, photographer, and assisting with art activities.

First Name: _	rst Name:			Last Name:						
Street Addres	ss:									
City:			Postal	Code:						
Home Phone:	ome Phone:			Cell Phone:						
Email Addres	s:									
Age (for statis	stical purposes	only): 🗆 Yo	outh (14-18 yrs)	□ Adu	lt (19+)	☐ Senior	(65+)			
Languages S	poken:									
Emergency	Contact:									
Name			Relation	onship						
Home Phone:	· ·		Cell Ph	none:			_			
conditions red	quiring medicat	tion?)								
			names we may co							
References	: (Please provi	de us with two		ntact, preferably	not family or fr	riends)				
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	Name of School, University or Institution	Cou	rse of Stud	dy or	Highest Level Completed
Secondary					
Post-Secondary					
Post-Secondary					
Post-Secondary					
Current Employme	ent Status:				
□ Full-Time □	☐ Part-Time ☐ Retired	☐ Stude	nt	□ Un	employed
Employment Histo	ry:				
Employer	Job Title	From	То	Re	eason for Leaving
Volunteer Experie	nce:				
Organization	Your Role	From	То	Re	eason for Leaving
Additional Qualific	cations: (check as many that ap	ply)			
☐ First Aid ☐ Se☐ Other Skills	erving It Right	⊒ Photograp	ohy Experie	ence 🗆	Public Speaking
Interest					
Why are you intereste	ed in volunteering at the Richmond A	Art Gallery?			
Have you had the opp	portunity to work with the public? If	yes, please	provide mo	ore details	S.
Are there any specific	roles/tasks for this position that you	ı are particu	ılarly intere	sted in?	
☐ Assisting with even☐ Greeting/welcoming	it set-up, including food/drink prepar g guests □ Assisting at T	ration E alks/Tours	Photogra⊓ Ass		☐ Bartender at events Workshops/Art Activities

Why are you interested in volunteering at this time?				
How did you find out about this volunteer opportunity?				
Please Note: Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act. It is maintained and will be utilized only for the sole purpose of carrying out voluntary services for the Richmond Art Gallery.				
Conditions of Application				
□ I AGREE that the information I have provided is correct to the best of my knowledge and I understand that any misrepresentation will be just cause for rejection of this application or termination from the RAG Volunteer Program. I hereby consent and authorize the RAG to obtain information from my personal references and that no act of libel or damages shall be instigated by me against same by the release of such information.				
□ I AGREE as a Richmond Art Gallery Volunteer, I am committed to supporting the Richmond Art Gallery mission to promote dialogue around contemporary art. I understand that prior to commencing my volunteer activity at the Richmond Art Gallery I will complete all required documentation for new volunteers.				

Submission of Application

Please submit this application by email to: ktycholis@richmond.ca, or drop off at the Richmond Art Gallery in an envelope marked ATTN: Kathy Tycholis.

If selected, a representative of the RAG will contact you to arrange a mutually convenient time when you can come to the Gallery for an interview. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

Thank you for your interest in volunteering with the Richmond Art Gallery.