



Please complete this application form if you are interested in becoming a volunteer with the RAG's *School Art Program*. This position requires a weekly daytime commitment from October – June, working with school-aged children on exhibition tours and art workshops. Volunteers must be 18+ years of age, and will need to submit a Criminal Records Check.

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age (*for statistical purposes only*): Youth (14-18 yrs)  Adult (19+)  Senior (65+)

Languages Spoken: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have any medical conditions we should be aware of? (e.g. allergies requiring epi-pens or serious conditions requiring medication, etc.)

No  Yes  (please explain) \_\_\_\_\_

**References**

Please provide us with two names we may contact, preferably not family or friends.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Availability**

This position requires a commitment of at least one 3-hour shift per week. Please indicate all the days & times you are available on the schedule below.

|              | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| 9 am – 12 pm |        |         |           |          |        |
| 12 pm – 3 pm |        |         |           |          |        |

**Education**

|                | School, University or Institution Name | Course of study or Faculty | Highest Level Completed |
|----------------|--|----------------------------|-------------------------|
| Secondary      |  |                            |                         |
| Post-Secondary |  |                            |                         |
| Post-Secondary |  |                            |                         |
| Post-Secondary |  |                            |                         |

**Current Employment Status**

Full-Time     Part-Time     Retired     Student     Unemployed

**Employment History**

| Employer | Job Title | From | To | Reason for Leaving |
|----------|-----------|------|----|--------------------|
|          |           |      |    |                    |
|          |           |      |    |                    |
|          |           |      |    |                    |

**Volunteer Experience**

| Organization | Your Role | From | To | Reason for Leaving |
|--------------|-----------|------|----|--------------------|
|              |           |      |    |                    |
|              |           |      |    |                    |
|              |           |      |    |                    |

**Additional Qualifications: Check as many as apply**

First Aid Certification     Teaching Experience     Criminal Records Check on file with City of Richmond

**Interest**

Why are you interested in becoming a Classroom Assistant at the Richmond Art Gallery?

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Do you have previous experience working with children or youth? If yes, please provide more details.

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What are your reasons for volunteering?

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How did you find out about this volunteer opportunity?

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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.

### Criminal Record Check

The Richmond Art Gallery protects the public interest in the delivery of public services. A condition of volunteering for the School Art Program is that a satisfactory Criminal Record Check on initial volunteer placement and every five years thereafter is received. There is no charge for a Criminal Record Check for a volunteer position. We will accept a Criminal Record Check that has been done for another city of Richmond organization if completed within the past five years.

### Submission of Application

Please submit this application by email to [mdevoy@richmond.ca](mailto:mdevoy@richmond.ca), or by mail, or drop off at the Richmond Art Gallery, in an envelope marked Attn: Melanie Devoy.

If selected, a representative of the Gallery 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.