



Volunteer Application Form The Children's Museum

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Numbers: (W) _____ (H) _____ (C) _____

Email: _____

Why are you interested in a volunteer position at The Children's Museum's Warhol Exhibit?

Which volunteer position are you interested in?

Please indicate your availability below;

	Tues	Wed	Thur	Fri	Sat	Sun
10-1						
2-5						
5-8						

- Greeter/ Check in
- Gallery Attendant
- Docent
- Underground Studio

Please describe your experience and any particular education, talents, skills and interests that are related to this volunteer position.

Please provide two references, **if you are a new volunteer**, other than family & over 18 years of age.

	Name	Relationship	Phone Number	Best time to call
1				
2				

The Children's Museum has my permission to contact the above references in relation to my suitability as a volunteer at The Children's Museum.

Volunteer Signature: _____

Date: _____

PLEASE RETURN APPLICATION PACKAGE BY FAX, MAIL OR IN PERSON TO:

Volunteer Coordinator, Waterloo Regional Children's Museum, 10 King Street West, Kitchener, ON, N2G 1A3
Fax: (519) 749-8612 or Phone: (519) 749-9387 ext.223

Thank you for your interest in volunteering at The Children's Museum!

The Waterloo Regional Children's Museum's Privacy Policy ensures that all personally identifiable information is collected and handled in accordance with the principles set out in Schedule 1 of the Personal Information Protection and Electronics Document Act of Canada (PIPEDA). The Museum's privacy policy can be viewed at www.TheChildrensMuseum.ca