



the mission arts council
 33529 first avenue, mission.
 www.missionartscouncil.ca
 (604) 826-0029

VOLUNTEER APPLICATION

Date	Which volunteer position are you applying for?		
Name	<input type="checkbox"/> Gallery Attendant		
Address	<input type="checkbox"/> Special events		
City	Province	Postal Code	<input type="checkbox"/> Gallery Take-Down Assistant
Email address	<input type="checkbox"/> Board of Directors		
Home Phone	Cell	<input type="checkbox"/> Fundraising Assistant	
Emergency Contact:		Home Phone: _____	
Name: _____		Cell phone: _____	
Relationship:			
Medical Concerns: If you have any medical concerns you'd like the Mission Arts Council to be aware of for your personal safety, please list:			

How did you hear about the Mission Arts Council?

EXPERIENCE

Please list your volunteer experience:	Please list your personal interests:
Please list relevant job experience and skills:	Please list any special qualifications or certificates you may have:
Please list any languages spoken in addition to English:	

AVAILABILITY

Weekdays.....Evenings.....Weekends

What days of the week are you available?

M.....T.....W.....T.....F.....S.....Su

REFERENCES

Name	Relationship	Phone	Email

By signing this application form I understand that as a member and volunteer I am representing the Mission Arts Council (MAC) and will remain professional at all times, by respecting and adhering the MAC policies. You also agree to a criminal records check. If you are under the age of 19 years of age, Please provide the name address and telephone number of a parent or guardian.

Name: _____ Phone: _____

Address: _____

Please mail to 33529 1st Ave Mission, BC, V2V 1H1

OUR MISSION:

The Mission Arts Council advocates for creative work of its members, which nurtures awareness of, involvement in, and commitment to Arts within its community.

OUR VISION:

A Vibrant Community invested in Creative Art