



Volunteer Application

Thank you for choosing the qathet Museum & Archives for your Volunteer Experience! Please complete the following form in order to help us assess your volunteer interests. Completion of this form does not indicate your acceptance as a volunteer. Our process includes a review of your application including a Criminal Record Check, an interview and reference check. The Volunteer Review process may take some time to complete and we thank you for your patience. All personal information is collected strictly for the administration of the qathet Museum & Archives Volunteer Program and is confidential.

Contact Information

Last Name: _____ First Name: _____

Address: _____

Phone #: _____ Email Address: _____

Preferred method of contact: _____

Youth (14-17) Date of Birth: _____ Adult (18+) Date of Birth: _____
DD/MM/YYYY DD/MM/YYYY

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Will you require documentation for number of community service hours completed? ___ Yes ___ No

Languages

Spoken

English French Other: _____

Written

English French Other: _____

Availability (check all that apply)

	Mon	Tues	Wed	Thu	Fri	Sat
Morning						
Afternoon						
All Day						

What are your skills? (check all that apply)

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Editing | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Design | <input type="checkbox"/> Marketing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Retail/Customer Service | <input type="checkbox"/> Research |
| <input type="checkbox"/> Education | <input type="checkbox"/> Website Design | <input type="checkbox"/> Organization |

Areas of interest? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Archives | <input type="checkbox"/> Cataloguing | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Exhibit Planning | <input type="checkbox"/> Construction | <input type="checkbox"/> Visitor Services |
| <input type="checkbox"/> Public Programs | <input type="checkbox"/> Children's Programs | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Special Events | <input type="checkbox"/> Digitization |
| <input type="checkbox"/> Website/ Online Content | <input type="checkbox"/> Research | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ |

Tell us about yourself and why you would like to volunteer with the qMAS?

Special Project Proposal

If there is a special project or research topic you are interested in please provide a brief description of the project, and why you think it is of value to qMAS and to the history of qathet.

Agreement and Signature

By submitting this application, I affirm the facts set forth in it are true and complete. I understand and agree that submitting this application does not automatically register me as a qathet Museum & Archives volunteer, and that there may be certain qualifications, including the acceptance of the Volunteer Policies & Procedures, I must meet before volunteering. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made on this application may result in my immediate dismissal from the volunteer program.

Name (printed): _____ Date: _____

Signature: _____

Name and Signature of Parent/Guardian if applicant is under the age of 18.

Name (printed): _____ Signature: _____

Thank you for completing this application form. Please return to:
qathet Museum & Archives, 4790 Marine Avenue, Powell River, B.C.