



Volunteer Application

First Name:	Last Name:
Address:	City:
Postal Code:	Phone:
Email:	
Availability: ___morning ___afternoon ___evening	
Circle Monday Tuesday Wednesday Thursday Friday Saturday Sunday	
Main Interest(s) check all that apply	<input type="checkbox"/> Gallery Assistant _____ <input type="checkbox"/> Member Services _____ <input type="checkbox"/> Exhibition Assistance _____ <input type="checkbox"/> Opening Receptions _____ <input type="checkbox"/> Kids Fest Sept 8/07 _____ <input type="checkbox"/> Local Colours Sept 13 – 16/07 _____ <input type="checkbox"/> Annual Gala _____ <input type="checkbox"/> Data Entry/Office Assistance _____ <input type="checkbox"/> Graphic Design/Newsletter _____ <input type="checkbox"/> Web Site design & maintenance _____ <input type="checkbox"/> Fundraising/Marketing _____ <input type="checkbox"/> Committees _____
List Specific Skills you wish to apply to your volunteer experience:	
Please provide the name and phone number of at least two references:	

Please return to: Comox Valley Community Arts Council
 Suite 202 – 580 Duncan Avenue
 Courtenay, BC V9N 2M7