



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	Gallery Assistant _____ Member Services _____ Exhibition Assistance _____ Opening Receptions _____ Kids Fest _____ Local Colours _____ Artist & Youth Mentorship _____ Data Entry/Office Assistance _____ Graphic Design/Newsletter _____ Web Site design & maintenance _____ Fundraising/Marketing _____ Committees _____
List Specific Skills you wish to apply to your volunteer experience:	
Please provide two emergency contact numbers:	

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