



LAKESHORE ARTS VOLUNTEER APPLICATION

Lakeshore Arts is a not-for-profit arts service organization that is committed to improving the availability of arts, cultural, and heritage activities within our neighborhood. We encourage people of all ages and backgrounds to participate in the arts – as a way of enriching their lives and strengthening our community.

Volunteering with Lakeshore Arts allows you to connect with your community through the transformative power of arts activity, while also providing exciting and rewarding opportunities to gain hands-on experience in community arts, lend your skills to your community, and network with other artists and like-minded individuals.

All information gathered will be kept confidential and will be used only by Lakeshore Arts.

APPLICATION INFORMATION

First Name: _____ Last Name: _____

Organization: _____ Gender: _____ Birthdate: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

E-Mail: _____

Are you a Lakeshore Arts member? Yes No

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Relationship to you: _____

Phone: _____

Allergies & Health issues we should be aware of: _____

INTERESTS

- | | | |
|--|---|------------------------|
| <input type="checkbox"/> Gallery Attendant | <input type="checkbox"/> Special Events | Other (explain): _____ |
| <input type="checkbox"/> Office Administration | <input type="checkbox"/> Community Outreach | _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Promotion | _____ |
| <input type="checkbox"/> Artist Assistant | <input type="checkbox"/> Committee | _____ |

AVAILABILITY

I can commit to volunteering:

- Regularly (weekly) Occasionally Special Events Once ___ Hours/Month
- Other (explain): _____

Please check all the times that you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

- I am volunteering to collect volunteer hours
- I drive and am willing to travel offsite during my volunteer hours

YOUTH VOLUNTEERING

Any volunteers under the age of 18 require parental consent to volunteer with Lakeshore Arts. I am the parent and/or legal guardian of _____ who is under 18 years of age. I hereby verify that I give consent for my child to volunteer with Lakeshore Arts.

Parent's Name: _____

Parent's Signature: _____ Date: ____/____/____

TERMS OF AGREEMENT

I certify that the information in this application is correct and complete. I agree to behave in accordance with the fundamental principals of Lakeshore Arts and act as an organizational ambassador while working for the organization.

Name: _____

Signature: _____ Date: ____/____/____

Thank you for your interest in volunteering!

Please send the completed application form to kaylawray@lakeshorearts.ca or directly to Kayla-Wray, Operations Manager, at 2422 Lake Shore Blvd. West, Toronto, ON, M8V 1C4. For more information go to www.lakeshorearts.ca or call 416-201-7093.