

Dalnavert Museum and Visitors' Centre

61 Carlton St.
Winnipeg, MB R3C 1N7

Volunteer Application

Dalnavert Museum and Visitors' Centre (DMVC) is looking for dynamic volunteers to help gain community support, plan activities and maintain our rich history. Please submit your application using the Volunteer Application Form below. By answering the following questions, you will help us to match your experience and skills sets with a suitable volunteer role.

Thank you for your interest in volunteering at the Dalnavert Museum and Visitors' Centre!

Personal Information

Name: _____

Email: _____ Phone: _____

Address: _____

Emergency Contact

Name: _____ Relationship to you: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Which of the following tasks interest you?

- | | |
|--|---|
| <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Gift Shop/Front desk | <input type="checkbox"/> Maintenance/Light Housekeeping |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Research/Curatorial Assistant |
| <input type="checkbox"/> Other (please specify): _____ | |

How often are you interested in volunteering with us?

- Once a week Once a month Other _____

Please let us know what days you are available for volunteer work. Specify hours, or check box for general availability.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours available							

Where did you hear about our volunteer opportunities?

- Newspaper Email Advertisement Online Search Referred by Friend
 Other (please specify): _____

FOR OFFICE USE ONLY

Date Received: _____ V#: _____
 Contacted _____ Confirmed _____ Oriented _____
 Database Mailing list

Please share with us any training or experience you have to share (e.g. other languages, English as an Additional Language experience, CPR, etc.)

- | | |
|---|--|
| <input type="checkbox"/> First Aid or CPR | <input type="checkbox"/> Teaching skills/experience |
| <input type="checkbox"/> English as an Additional Language experience | <input type="checkbox"/> Experience with the public |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Experience with children |
| <input type="checkbox"/> Retail experience | <input type="checkbox"/> Interest/Knowledge of History |
| <input type="checkbox"/> Languages spoken: _____ | |
| <input type="checkbox"/> Other (please specify): _____ | |

Please list two references, past or present employers, teacher, volunteer supervisors etc. We CANNOT accept family members as references.

Name	Relationship	Phone numbers

I hereby authorize Dalnavert Museum and Visitors' Centre to contact the above named references to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing same. I further authorize the Dalnavert Museum and Visitors' Centre to maintain this information in their records and release and absolve them from liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.

Disclaimer: It is the policy of Dalnavert Museum and Visitors' Centre to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and will respect the confidential nature of information I might have access to in performing my volunteer duties for Dalnavert Museum and Visitors' Centre.

Signature of Applicant: _____ **Date** _____

Parental Consent (required for applicants under the age of 16)

I give my consent for _____ to work as a volunteer at Dalnavert Museum and Visitor's Centre.

Signature _____ **Date** _____

Sharing of Personal Information

Initial here

I authorize Dalnavert Museum and Visitors' Centre to publish my name in its Annual report

- Yes No