



304 Second Street, Steinbach, MB, R5G 0T7
 Phone Number: 346-1077 Fax Number: 346-9777
 Email: events@steinbacharts council.ca Web Site: www.steinbacharts council.net

JOIN OUR FAMILY! A.R.T. Works Volunteer Program

PLEASE FILL IN THIS SHEET AND HAND INTO SAC OFFICE ANYTIME! WE WILL CONTACT YOU.

Note: a criminal record check will be required.

-CONFIDENTIAL-

The information on this form will help us find the most satisfying and appropriate position for you. Your co-operation in completing it is the most appreciated. **Please print clearly!**

NAME: _____ **DATE:** _____

ADDRESS: _____ **Postal Code:** _____

HOME PHONE: _____ **WORK PHONE:** _____

EMAIL: _____ **CELL PHONE:** _____

(please check which one applies to you)

AGE GROUP: **YOUTH (13-18)** _____ **ADULT (19-65)** _____ **SENIOR (65+)** _____

EDUCATION: (Check last level completed, or if in Junior/Senior High School, state which grade)

Junior High _____ Senior High _____ Other _____
 University _____ Graduate School _____

BIRTHDAY: (month / day) _____

PRESENT OCCUPATION: _____

PREVIOUS WORK EXPERIENCE: (Attach Resume if preferred) _____

PERSONAL HOBBIES: _____

INTERESTS: (Circle)

- | | | |
|-------------------------|------------------------|------------------------|
| Arts and crafts | Public speaking | Christmas Tour and Tea |
| Building and repairing | Performing | Set up / Take down |
| Arts and crafts show | Usher / Ticket sales | Public relations |
| Organizing Events | Making posters, flyers | Decorating |
| Clerical/Administrative | Scrap booking | Visual arts |

Other: _____

What kind of refreshments do you enjoy best (ie. Coffee, tea, juice) : _____

TIME PREFERENCE (check): Weekly _____ Monthly _____ Quarterly _____ Other _____

When are you available?

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

WHAT KIND OF VOLUNTEER JOB ARE YOU MOST INTERESTED IN AT PRESENT? _____

DO YOU HAVE ANY PREVIOUS VOLUNTEER EXPERIENCE? (Please describe)

WHERE DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM? _____

ANY OTHER COMMENTS OR INFORMATION YOU WISH TO OFFER _____