



# Volunteer Application

**Note:** Personal information collected below is in compliance with the Personal Information Protection and Electronic Documents Act and will not be sold, leased or transferred.

## A. Contact Information:

Adult Volunteer       Youth Volunteer (16 – 18 years old)

Mr.     Mrs.     Ms.     Miss     Dr.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(province)

\_\_\_\_\_  
(postal code)

Phone (home): (\_\_\_\_\_) \_\_\_\_\_ Phone (cell): (\_\_\_\_\_) \_\_\_\_\_

Phone (work): (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Yes, you may contact me at work.

Email (home): \_\_\_\_\_

Email (work): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): (\_\_\_\_\_) \_\_\_\_\_ Phone (work): (\_\_\_\_\_) \_\_\_\_\_

*Please submit your completed Volunteer Application by e-mail to:*

[volunteer@kingstonmuseums.ca](mailto:volunteer@kingstonmuseums.ca)

*or drop off in person to the KAM offices: 837 Princess Street, Suite 203A  
between 9-3:30 PM (Monday to Friday)*

***B. Volunteer Opportunities***

Please indicate **up to** 4 areas of preferences and order them #1, 2, 3, and 4.

**NOTE:** Volunteer positions identified with a (\*) will require you to obtain a clear criminal records check prior to being accepted and placed these volunteer positions.

- |   |   |
|---|---|
| <input type="checkbox"/> Brochure Ambassador  | <input type="checkbox"/> Baker                            |
| <input type="checkbox"/> KAM Committee member | <input type="checkbox"/> *Special Event Assistant         |
| <input type="checkbox"/> Marketing Assistant  | <input type="checkbox"/> Event Photographer               |
| <input type="checkbox"/> Office Assistant     | <input type="checkbox"/> *Pop-Up Museum Program Assistant |
| <input type="checkbox"/> Researcher           | <input type="checkbox"/> Other (specify) _____            |

Please indicate any tasks or situations you may not wish to participate in while volunteering with the Kingston Association of Museums, Art Galleries & Historic Sites:

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***C. Referral Source***

How did you learn about volunteering with the Kingston Association of Museums, Art Galleries & Historic Sites? Please select the most appropriate:

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> KAM Website                | <input type="checkbox"/> Friend / Volunteer | <input type="checkbox"/> Media |
| <input type="checkbox"/> KAM Staff / Board Member   | <input type="checkbox"/> Volunteer Ad       |                                |
| <input type="checkbox"/> Visiting a KAM Member Site | (Site Name _____)                           |                                |
| <input type="checkbox"/> Other (specify): _____     |   |                                |

I acknowledge that by submitting this application I am not obligated to accept any volunteer position offered to me. Similarly, I understand that the Kingston Association of Museums, Art Galleries & Historic Sites is not obligated to accept this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental/Guardian Signature: \_\_\_\_\_