

# 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:

Mr.     Mrs.     Ms.     Miss     Dr.

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

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

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

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

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

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

Email: \_\_\_\_\_

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

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

## B. Referral Source

How did you learn about volunteering with Doors Open?

KAM Website       Doors Open Website       Friend / Volunteer  
 City Website       Media       Other: \_\_\_\_\_

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: \_\_\_\_\_

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 PM (Monday to Friday)