



Section 1: Volunteer Information

| | | | |
|---|--|--|---|
| Title: | | Full Name: | |
| | | Preferred Pronouns: | |
| | | Prefers to be called/ goes by: | |
| Age: | <input type="checkbox"/> *Below 16 <input type="checkbox"/> *16-17 <small>(*please complete Legal Guardian information below)</small> | | Phone Number: |
| | <input type="checkbox"/> 18+ | | |
| Full address: | | | |
| Email Address: | | | |
| Preferred Contact Method: | <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> E-mail <input type="checkbox"/> Regular mail | | |
| *Legal Guardian | Name: | Relationship to you: | |
| | Phone Number: | | |
| Emergency contact: | Name: | Relationship to you: | |
| | Phone Number: | Same as Legal Guardian <input type="checkbox"/> | |
| (Optional) Do you have Driver's Licence? | Yes: <input type="checkbox"/> No <input type="checkbox"/> Prefer not to Disclose <input type="checkbox"/> | | |
| Volunteer Category: | <input type="checkbox"/> General (18-65+) | | |
| | <input type="checkbox"/> Student (Secondary, 14-18)* <input type="checkbox"/> Student (Post Secondary, 18-65+)* | | |
| | *School or Educational Institution: | | *Program (ie – Community Service Hours, Museum Studies, etc) |
| | *Teacher or Academic Supervisor: | | *Contact (email or phone): |
| | | | |



Section 2: Volunteering Interest and Availability

Tell us why you want to volunteer!

Which KAM member site are you looking to volunteer in?
([please see our full listing here](#))

- 1.
- 2.
- 3.

What days / times are you available for volunteering?

Please put an X in the boxes below or outline any other availability here:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------|--------|---------|-----------|----------|--------|----------|--------|
| AM | | | | | | | |
| PM | | | | | | | |
| Evenings | | | | | | | |

I would like to meet with KAM staff to discuss any supports or accommodations I require to facilitate my ability to volunteer at a host site:

Yes: No

Please note, you are welcome to discuss your support needs anytime with KAM staff, even if you select No.

Section 3: Skills, Experience & References

Tell us about any training, qualifications, skills or experience you have and which you feel are relevant to your preferred volunteer placement

E.g.: a degree (or working towards a degree) in education, history, marketing, etc, work experience of gardening, previously volunteered with Boys & Girls Clubs, qualified to use Ride On Mowers etc')

Optional: Resume/CV included:

Yes: No



Please provide details of at least one reference – this will be your current/last employer or volunteer placement, or a suitable character referee if you are self-employed, unemployed, retired or a student

| | | |
|---|--|---|
| Reference 1 details: | Name: | Company: |
| | Phone Number: | Email address: |
| Reference 2 details: | Name: | Company: |
| | Phone Number: | Email address: |
| If your volunteering placement requires a CRC, are you willing to complete? | Yes: <input type="checkbox"/> Basic Information Check <input type="checkbox"/> Vulnerable Persons No: <input type="checkbox"/> | |
| Are you able to speak French or other language(s)? | | |
| Please select the types of volunteering activities / the area of volunteering you are interested in: | <input type="checkbox"/> Front of House/Customer Service <input type="checkbox"/> Guided Tours <input type="checkbox"/> Collections Support <input type="checkbox"/> Curatorial & Exhibitions Support | <input type="checkbox"/> Special Events Support <input type="checkbox"/> Marketing & Communications Support <input type="checkbox"/> Fundraising Support |
| | <input type="checkbox"/> Education & Outreach Programming Support <input type="checkbox"/> Administrative Support <input type="checkbox"/> Gift Shop Support | <input type="checkbox"/> Board of Directors <input type="checkbox"/> Advisory Committees <input type="checkbox"/> Other: |

Section 4: Privacy Notice

Your data will be processed by the Kingston & Area Association of Museums, Art Galleries + Historic Sites (KAM) only for the specific purposes of assessing your expression of interest, to appropriately match you to suitable volunteering opportunities, and to ensure your safety whilst volunteering. The processing of your personal data is necessary to connect you with a host/placement site. KAM will not share your data with any other organization other than the host/placement site.

KAM will retain your data for a period of 12 months from date of intake.

Should you feel that your information is being handled incorrectly, please contact our Privacy Officer at info@kingstonmuseums.ca.

For further information about how KAM processes personal data and your rights please see our privacy notice on our website – [Privacy & Data Collection Use Statement](#).

Section 5: Consent

By submitting this form, I agree that any information I provide may be used and shared between the Kingston & Area Association of Museums, Art Galleries and Historic Sites (KAM) and registered host sites for the purposes of the Connecting with Cultural Heritage Volunteer Program.

By submitting this form, I consent to Kingston & Area Museums, Art Galleries + Historic Sites and my host site undertaking reference checks as appropriate to the indicated volunteer role.

I certify that the information given within this application form is correct and that I have not omitted or misrepresented any details.

Signed:

Date:

Thank you for expressing an interest in the Kingston & Area Museums, Art Galleries + Historic Sites' *Connecting with Cultural Heritage* Volunteer Program. Our intake coordinator will reach out to you shortly.