

VOLUNTEER APPLICATION FORM
Teichert Gallery - Art Sales & Rental Society
at the Art Gallery of Nova Scotia

Please Note: To volunteer
at ASAR Society, you are
required to become a
member of the AGNS.

Date: _____

Name _____

Address _____

Postal Code _____ Telephone No. _____

E-Mail _____

Emergency contact _____ Telephone No. _____

Have you volunteered at the Art Gallery of Nova Scotia?

If yes, in what capacity? _____

Previous work or volunteer Experience _____

(Please continue on back of page if needed)

Do you have computer experience? _____

Availability (Please indicate availability by circling)

Mornings or Afternoons

Mon.

Tues.

Wed.

Thurs.

Fri.

References 1. _____

2. _____

Please return this form to:

Volunteer Co-ordinator
Art Sales & Rental Society 424-3087