

VOLUNTEER APPLICATION FORM – THE LINDSAY GALLERY

Personal Contact Information

Name	
Current Address	
Home Phone Number	
Cell Phone Number	
Email Address	

Emergency Contact Information

Name	
Current Address	
Home Phone Number	
Cell Phone Number	
Email Address	
Personal relationship	

Education:

Employment History:

Current Employer or Previously Retired From, if applicable

Position/Title _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

Special training, skills, hobbies

How did you learn about The Lindsay Gallery?

Groups, clubs, organizational memberships

VOLUNTEER APPLICATION FORM – THE LINDSAY GALLERY

Please describe your prior volunteer experience

What experiences have you had that may prepare you to work as a volunteer at The Lindsay Gallery?

What do you want to gain from this volunteer experience?

Do you have: a driver's license? No _____ Yes _____
Do you have access to a vehicle? No _____ Yes _____
Do you have access to alternate transportation? No _____ Yes _____

Please check which areas you would like to be involved with:

- | | |
|-----------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Board member | <input type="checkbox"/> June Fundraising Event |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> September Dames Golf Ladies Tournament |
| <input type="checkbox"/> Fund Development Committee | <input type="checkbox"/> October Fundraising Event |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Any Special Event |
| <input type="checkbox"/> Opening Receptions | <input type="checkbox"/> Tea Tyme |

Please check your preferred days:

- Monday Tuesday Wednesday Thursday Friday Saturday

Please check your preferred time of day:

- Morning Afternoon

Can you be available evenings for special events or meetings?

- YES NO

Please check the seasons that you are available:

- Winter Spring Summer Fall ALL

VOLUNTEER APPLICATION FORM – THE LINDSAY GALLERY

References:

Please list three people who know you well and can attest to your character, skills and dependability.

Name/Organization	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Privacy Practice Statement:

We protect your personal information and adhere to all legislative requirements with respect to privacy. We do not rent, sell or trade our lists of volunteers. We use your personal information to keep informed and up to date activities of the organization and its specific programs including, but not limited to; opportunities to volunteer, upcoming events, educational opportunities and seasonal greetings.

Have you ever been convicted of a crime?

[If yes, please explain the nature of the crime and the date of the conviction and disposition.]

Conviction of a crime is not an automatic disqualification for volunteer work.

Required information to be obtained; when it is applicable to the job description being performed by the volunteer.

- Police Records Check
- Agreement to Organizations Policies
- Confidentiality Agreement

I give permission to verify the credentials that I have presented

Signature: _____ Date: _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

Signature _____ Date: _____

Photography Consent:

Participants will be photographed for educational, archival, public relations and security purposes for The Lindsay Gallery. I acknowledge that I will be photographed by The Lindsay Gallery and through my signature, I consent to this action.

Signature: _____ Date: _____

Interviewer Signature _____ Date: _____

VOLUNTEER APPLICATION FORM – THE LINDSAY GALLERY

If you are an Artist applying for a position on the Board please read the following carefully before signing this application:

According to charitable law, Board members cannot financially profit from the activities of The Lindsay Gallery.

Therefore artists who sit on The Lindsay Gallery Board are not eligible to exhibit with The Lindsay Gallery.

The exception is the Annual Juried Show as a separate, independent juror makes the selections for the exhibit.

I have read, understand and accept that the above condition will apply for any period of time that I may serve as a Board member on The Lindsay Gallery Board.

Signature _____

Date: _____