

TEXTILE MUSEUM of CANADA
connecting cloth, culture & art

VOLUNTEER APPLICATION
Volunteer Association - Textile Museum of Canada

(Please Print)

Date: _____

Last Name: _____ First Name: _____

Address _____

Street/City/Province/Postal code

Home phone: _____ Work phone: _____

Fax: _____ Email: _____

In case of emergency contact: _____

Membership Number _____ Expiry Date _____

(You must be a member to become a volunteer)

What skills can you bring to the museum? *(Please check)*

Library training and/or experience

Teaching experience

Hospitality events experience

Computer skills

Retail experience

Administrative Skills

Photographic Skills

Writing skills

Enjoy meeting people

Organizing ability

Languages (other than English)

List any skills, hobbies or interests you have that might be helpful in your volunteer work

Please think carefully about what you can contribute to in terms of time. A volunteer shift is usually 3-4 hours. Once you have agreed to a volunteer activity, the Museum and your fellow volunteers depend on you following through with your commitment; otherwise the operation of the Museum will suffer.

.....(over)

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What is your availability? (*Please circle*)

Mon. Tues. Wed. Thurs. Fri. Sat. Sun. _____

Mornings Afternoons Evenings (Wed. only) _____

Weekly Biweekly Occasional _____

I am interested in becoming a volunteer at the Textile Museum of Canada. I understand that the Museum will depend on me honoring my commitment.

Signature _____

Date _____

Return to or contact:

Placement Coordinator
Textile Museum of Canada
55 Centre Avenue
Toronto, ON M5G 2H5

Phone: 416-599-5321 ext. 2232
Fax: 416-599-2911
E-mail volunteer@textilemuseum.ca

FOR OFFICE USE ONLY

Interviewed by _____ Date _____

Placement area _____ Starting date _____

Training person _____ Training date _____

Coded on membership list _____ Date _____

Assessment after probation period _____ Date _____
