Oakville Museum at Erchless Estate Volunteer Information Form

Please complete this form and email to oakville.ca or drop off or mail to 8 Navy Street, Oakville ON L6J 2Y5.

Name	Phoi	ne		
Address		Postal Code		
E-mail Address				
Emergency Contact: Name		Phone		
Age: Adult: Student:	For students, please specify age:	/ / (Minimum age 15		
Please outline previous work	or volunteer experience:			
Please list specialized training	g or certifications:			
If you would like to assist with creative experiences you have	h youth programs or special eve e had with children:	nts, please list any program or		

Please list two references that can provide details about your previous volunteer, work, or group work experiences: (This could include a teacher, coach, faith leader, employer etc.) *Please do not include family members unless relevant to the work experiences previously described.

Name	Address	Telephone	Acquainted Through:
,			
Please detail any spe allergy information, s			ou such as: medical conditions,
Please indicate the d	avs vou are available	e for volunteering:	
Monday		•	Sunday
Tuesday			
To help in the placem		ur hobbies, interests	or skills:
,			

Thank you for your interest in the volunteer program at the Oakville Museum. A staff member will contact you to arrange for a meeting where volunteer opportunities may be discussed in more detail.

Personal information on this form is collected under the authority of the Municipal Act R.S.O. 1990 Chapter M.56 (as amended) to be used by the Recreation and Culture Staff to determine qualifications for volunteer selection. Questions about this collection may be directed to the Senior Manager, Cultural Services 1225 Trafalgar Road, Oakville, ON, L6H 0H3, 905- 845-6601, ext. 3007 or fax 905 815-5973.

