

VARLEY ART GALLERY

Summer 2011 Student Volunteer Application Package



Art Gallery
Summer 2011

Please complete the attached application form and submit with:

- three complete reference checks
- original (stamped and dated) York Regional Police Vulnerable Sector Screening certificate (for more information, visit www.yrp.ca)

Volunteer applications will be reviewed and you will be contacted for an in-person interview if you are considered a suitable candidate. Following a successful interview, new volunteers are required to attend a **MANDATORY** Orientation Session on WEDNESDAY, JUNE 29, 2011 **BEFORE** beginning their volunteer service with us.

Applications will be kept on file for a period of 6 months.



The Varley Art Gallery 2011 Summer Volunteer Application

Date:		Name:	
Address :	Street:		
City:		Province:	Postal Code:
Home Phone : ()		Cell: ()	Email:
Emergency Contact	Phone : ()		Name:
School you attend:			Grade:
<p>Volunteers are expected to arrive at the gallery half an hour before class and expected to stay half an hour after. This is because the studio must be set up and cleaned up.</p> <p>Full Day Classes: Camps run from 9am-4pm Volunteer Hours 8:30-4:30 = 8 volunteer hrs Half Day AM: Camps run from 9am-12pm Volunteer Hours 8:30-12:30= 4 volunteer hrs Half Day PM: Camps run from 1pm-4pm Volunteer Hours 12:30-4:30= 4 volunteer hrs</p>			
I am interested in volunteering for: (please circle)			
Full Days		Half Days AM	Half Days PM
The number of weeks I would like to volunteer for is: Are there any dates you cannot volunteer for?			
During the summer, I am available for the following weeks: (Please circle all available)			
<u>July</u>			
Week	1	2	3 4
<u>August</u>			
Week	5	6	7 8
Have you Taken Art Classes? In what Areas?			
What are some of your interests and skills?			



The Varley Art Gallery Summer Volunteer Applications

Other Volunteer Experience? Where? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		
Job Experience? Where? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		
Why would you like to volunteer at the Varley Art Gallery?		
Are you interested in acquiring your volunteer hours?	40 hrs.	40 + hrs.
Have you Worked with children Before? If so, describe your experience.		
Additional Comments		

Thank you for your interest in the Varley Art Gallery.
For more information, contact:
Francesca Dauphinais, Development Officer for the Varley Art Gallery
Tel: 905-477-9511 ext. 224 Fax: 905-477-6629 fdauphinais@markham.ca

REFERENCE CHECK

Candidates applying for the Town of Markham need to complete the dark shaded areas prior to giving this form and envelope to a reference. Someone you have volunteered for, worked for, or someone who can verify your work ethic that is not a friend or relative may provide references

(A teacher or principal might be an option for you).

CANDIDATES NAME:	DATE:
<p>The above-mentioned candidate is applying for a position with The Town of Markham. The applicant has chosen you to be a reference. It will take you approximately 10 minutes to complete this form. Please return this form promptly to the applicant as they have a tight deadline to return the form to The Town of Markham. All questions, unless otherwise indicated, must be answered. Answer the questions by relating them to your relationship with the candidate. THE CANDIDATE WILL NOT SEE THIS COMPLETED FORM – YOUR ANSWERS WILL BE KEPT CONFIDENTIAL.</p>	

POSITION APPLYING FOR: Classroom Monitor at the Varley Art Gallery	
Name of Position:	From/To:
<p>Provide a brief explanation of the duties you will have and what age group you will be working with:</p> <p><u>Assisting art instructors at the Varley Art Gallery with set-up, clean-up and monitoring the children during class time and break time.</u></p>	

NAME OF REFERENCE:
COMPANY OR ORGANIZATION:
NAME AND POSITION:
RELATIONSHIP TO CANDIDATE:
NO. OF YEARS KNOWN CANDIDATE:
PHONE NUMBER:

Provide an OVERALL DESCRIPTION OF THE CANDIDATE (how you would describe this individual to others; key attributes)

Tell us about his/her **teamwork skills**. What attributes does he/she offer to contribute to the success of the team? *Check box if not applicable and move to next question.*

Describe what approach the candidate takes in **dealing with customers** (if they don't deal with customers then describe their approach to dealing with fellow staff, neighbours or classmates).

How would you describe the candidates **communication skills**? Written and verbal. Please provide examples. (**Listening skills**).

Provide us with an example of something the candidate has done **exceptionally well**?

Is there any reason you know of **why the candidate would not be able** to perform the duties necessary for this position?

Please comment on the candidate's **reliability and dependability**? Did the candidate have a good attendance record? Could you comment on his/her sick time? Were there any problems with absences from work/school?

What do you see as the candidates' **strengths? weaknesses?**

What are their strengths and weaknesses related to the age group they would be working with if they were the chosen candidate.

Would you recommend the candidate for this position as you understand it? Would you rehire the candidate if you had an opportunity to do so? Any **apprehension or concerns? Anything else** you believe we should know about this individual that we haven't asked.

Thank you for taking the time to complete this Reference Check Form.

IMPORTANT...After placing the completed form in the envelope provided, seal it and hand it promptly to the candidate applying for the position.