

# VOLUNTEER APPLICATION FORM

Please submit to the Advisor, Volunteer Programs at:

[benevole-volunteer@museedelhistoire.ca](mailto:benevole-volunteer@museedelhistoire.ca) or mail to: 100 Laurier Street, Gatineau, QC K1A 0M8

*Also contact us to make your needs known if you require an accommodation (including alternate formats of this form) in order to participate in the volunteer application process. Information received relating to accommodation measures will be addressed confidentially.*

Title of volunteer activity that you are applying for (as posted):	
<input type="checkbox"/> You will find attached a copy of my résumé (optional).	
<input type="checkbox"/> I was referred by an employee (optional). The employee's name is: _____	
GENERAL INFORMATION	
Last Name:	First Name:
Telephone number: (   )	E-mail:
Preferred contact method (select one): <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mailed letter	
Languages:	
<b>I am comfortable communicating in:</b>  <input type="checkbox"/> English <input type="checkbox"/> ASL  <input type="checkbox"/> French <input type="checkbox"/> LSQ	<b>Other fluent languages:</b> Reading→ Writing→ Oral→ <b>Language Preference:</b>
For which Museum would you like to volunteer?	
<input type="checkbox"/> Canadian War Museum (CWM) <input type="checkbox"/> Canadian Museum of History (CMH) → This includes the Canadian Children's Museum	
QUESTIONS	
How did you hear about this opportunity? (select all that apply)	
<input type="checkbox"/> Our website <input type="checkbox"/> Word of mouth (family, friend) <input type="checkbox"/> At school <input type="checkbox"/> Following a visit to the museum <input type="checkbox"/> Social media (Linked-In, etc) <input type="checkbox"/> At an event <input type="checkbox"/> E-mail or newsletter <input type="checkbox"/> Other:_____	
Why are you interested in volunteering with us and what are you hoping to gain from your experience?	
<div style="height: 150px;"></div>	

**Everyone has something special to offer. In point form, please highlight any special skillsets, life experiences, talents, cultural knowledge or parts of your identity would you be excited to share with others (including military service, musical talent, crafting, subject matter, etc):**

AVAILABILITY							
<b>1) Outline the commitment you are hoping to make:</b>							
<input type="checkbox"/> Volunteer a few times only a) If looking for volunteer hours, how many: _____.							
<input type="checkbox"/> Commit to on-going schedule: a) Detail how many hours per week: _____.							
<b>2) What is your availability? (Please check one or more boxes)</b>							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A.M. (Morning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.M. (Afternoon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVACY CONSENT							
By submitting a Volunteer Application Form to the Canadian Museum of History and/or the Canadian War Museum (Museums), you agree to the collection of your personal information for the purpose of volunteer coordination.							
<input type="checkbox"/> I consent to my own participation, or to my child's participation with volunteering at the Museums.							
<input type="checkbox"/> I consent to receive correspondence about programs, events and ways to support the Museum.							
Date: _____.							
Name of Parent/ Guardian of applicant (if applicant is under 18 years old): _____.							
Signature: _____.							