

Peachland Community Arts Council

Volunteer Registration Form

Peachland Art Gallery

5647 Beach Avenue Peachland BC V0H 1X6

E: peachlandartgallery@gmail.com

Date: _____ Full name: _____

Address: _____

Phone: _____ Email: _____

Emergency contact: _____ Contact phone: _____

Do you have any medical/other conditions which might limit your performance as a volunteer? If so, please provide details, or indicate if you would like to discuss in person.

Area(s) of Interest (check all that apply):

Events		Workshops		Gallery		Promotion/social media	
Organizing/ Planning	<input type="checkbox"/>	Organizing/ Admin	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Website Updating	<input type="checkbox"/>
Event Crew (set up/ take down)	<input type="checkbox"/>	Recruiting Artists	<input type="checkbox"/>	Exhibition Crew	<input type="checkbox"/>	Posters	<input type="checkbox"/>
Greeting/ Serving	<input type="checkbox"/>	Marketing/ Promoting	<input type="checkbox"/>	Gallery Attendant	<input type="checkbox"/>	Marketing – drafting articles	<input type="checkbox"/>
Other Areas							
Community events	<input type="checkbox"/>			Board Member	<input type="checkbox"/>	Social media	<input type="checkbox"/>

Questions or other information you wish to share:
