



Community Service hours in Arts & Culture

PERSONAL INFORMATION

Last Name:	First Name:
Street Address:	Apt/Unit #:
City:	Postal Code:
Daytime Telephone:	Evening Telephone:
Email:	

SCHOOL INFORMATION

School Name:
Current Grade: Birthday (if under 18 years old):

I am applying for volunteer work at the Koffler Centre of the Arts for: _____
 I saw this posted: _____

I require the following from the Koffler Centre of the Arts to verify that I have successfully completed my volunteer placement: _____

I am available to start: _____ I must finish my volunteer assignment by: _____

EXPERIENCE AND INTEREST

Volunteer and /or Work Experience (CV optional):
Organization, Length of Time, Position Held

Why are you interested in working at the Koffler?

Experience in Arts and Culture and/or working in the Community

SCHOOL SIGNATURE

Name of Teacher or Guidance Counsellor to whom this student would report this volunteer activity:

Name: (PLEASE PRINT) _____

Position: _____

By signing this consent form, **I recommend this student for this volunteer activity.**

By signing below, I authorize the Koffler Centre of the Arts to collect personal information including my telephone number. I also authorize the Koffler Centre of the Arts to contact me for the purposes of completing a reference check on the volunteer applicant. I understand that the information obtained on this form and during the reference check will be confidential but may be shared with relevant Koffler Centre of the Arts Departments.

Signature of Teacher or Counsellor: _____ Date: _____