



CHINESE
CANADIAN
MUSEUM
華裔博物館

51 E. Pender St.
Vancouver BC, Canada V6A 1S9
Tel: 604.262.0990

Volunteer Application Form

Become a volunteer at the Chinese Canadian Museum and join our team of dedicated and welcoming staff and volunteers.

Contact Information

Birthdate (yyyy/mm/dd) : _____/_____/_____

First Name/Last Name _____ Preferred Pronouns: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Phone no. _____

Email Address: _____

Tell us about yourself

Why are you interested in volunteering at the Chinese Canadian Museum? What would you like to learn or develop through this experience?

Which volunteer opportunity/opportunities are you interested in? (Check all that apply)

Gallery Ambassador Events and Programs Assistant Other (please specify) _____

AVAILABILITY: Please indicate your weekly availability.

	Wednesday	Thursday	Friday	Saturday	Sunday
10 am – 1 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 pm – 3 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 pm – 5 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



How did you find out about our volunteer opportunities?

Do you have any physical restrictions which would affect your volunteer assignment?

CRIMINAL RECORD CHECK: Do you agree to having a criminal record check done?

Yes No Signature _____

Skills, Experience & Education

Applicants, please also attach a resume to this application form, or email it to volunteer@chinesecanadianmuseum.ca

What previous skills and experience will you bring to the Chinese Canadian Museum? (Check all that apply)

Public speaking Group facilitation Events Social Media Retail

Research & Archival Education Photography IT

Other (please specify) _____

What languages can you communicate fluently in? (Check all that apply)

English Cantonese Mandarin French Spanish ASL

Other (please specify) _____

Do you have any special certifications? (eg: First Aid, Serving it Right, etc.)



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References

Please provide the name and number to **two** references from other volunteer positions, employment or schooling. Please inform your references that we may contact them.

Reference 1:

Full Name: _____ Relationship to you: _____

E-mail Address: _____ Phone Number: _____

Reference 2:

Name: _____ Relationship to you: _____

E-mail Address: _____ Phone Number: _____

Personal Information Protection

We are collecting your personal information on this form to determine your suitability for the volunteer position you have applied for and for use if you join the volunteer team. We will use and disclose your personal information only for those purposes or as permitted or required by law. By signing this form, you consent to our collecting, using and disclosing your personal information for these purposes. You also consent to our getting information about you from any references you have specified in this application and to our using that information for the purposes just described. If you have any questions about this, please contact secretariat@chinesecanadianmuseum.ca

Print Name: _____ Signature _____

Please email completed form to: volunteer@chinesecanadianmuseum.ca

Questions? Contact us by email or at 604-262-0990

Thank you very much for your interest; we will be in touch with you soon!