

# Cowichan Valley Arts Council



Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel. \_\_\_\_\_ E-mail \_\_\_\_\_

CVAC Member: yes \_\_\_\_\_ no \_\_\_\_\_

## Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. \_\_\_\_\_

## When are you available?

Daytime \_\_\_\_\_ Evenings \_\_\_\_\_ Week Days \_\_\_\_\_ Weekends \_\_\_\_\_

## What do you want to do?

✓ Help us make your volunteer experience enjoyable – please tick & comment.

- Committee Co-ordinator \_\_\_\_\_
- Committee Work \_\_\_\_\_
- Show Receiving/Returning \_\_\_\_\_
- Show Gallery Hanging \_\_\_\_\_
- Show Art Sales \_\_\_\_\_
- Telephoning \_\_\_\_\_
- Advertising \_\_\_\_\_
- Fundraising \_\_\_\_\_
- Other \_\_\_\_\_