

I would like to become a
Volunteer
 to help in the following areas:

Please circle the happy face of your choice (or choices)

- Special Events & Projects ☺
- Opening Receptions ☺
- Essential Duties ☺
- Promotion Distribution ☺
- Gallery Sitting ☺
- Bulletin Board Management ☺
- Telephone List ☺
- Gallery Shoppe ☺
- Kitchen / Lunches ☺
- Kitchen / Friday Tea ☺

Suggestions? _____

Volunteer Team

Do you have one hour,
 two maybe, or more?
 Are you available days,
 evenings or weekends?
 Whether you have a little time
 or you have a lot of time,
 we would really appreciate your help!

**Join us
 and have fun!**



**All
 Reasons
 Party
 Rentals**



Georgina Arts Centre & Gallery

Volunteers We need you!



*Georgina Arts Centre
 & Gallery*

149 High St - Box 1455
 Sutton West, On. L0E 1R0
 905-722-9587
 info@gacag.com
 www.gacag.com

Hours

Monday	Closed
Tuesday to Friday	10 am – 6 pm
Saturday	10 am - 4 pm
Sunday	12 – 4 pm

Special Events

Gallery Gallivanter
Music & Poetry Nights
Strawberry & Arts Festival
Fundraising Events
Gala Fundraiser
Dinah Christie's Celebrity Challenge
Christmas Tea & Sale
And many more ...

Essential Duties

The ever-popular "Essential Duties"
Always need attention by those
willing:

Dusting – Sweeping - Cobweb Patrol
Vacuuming - Etc.

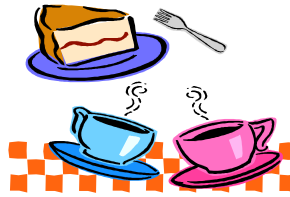


Gallery Sitting

Staff assistant:

- Front desk assistance including front desk sales
 - Answering the telephone & taking messages
 - Directing visitors in the building
 - ... And much more
- Weekdays or weekends
as per your availability

Volunteer Kitchen



Once a month, take a turn assisting
with the following:

- Prepare Salads
- Make Sandwiches
- Serve Tea & Coffee
- Set Tables, Take Lunch Orders
- Serve lunch and Cleanup

Art Show Openings

Help set up for refreshments
Greet & Direct Visitors
Prepare Dessert Trays (When
required)
Prepare / Serve Tea or Coffee
Help with Cleanup

**2 to 4 hours of your time help to
make the show openings
successful.**



*Georgina Arts Centre
& Gallery*

Volunteer !

Application Form

Name: _____

Address: Box # _____

Street Address: _____

City: _____

Province: _____ P.C.: _____

Phone H.: _____

Phone W.: _____

E-mail: _____

GAC Member ____ Yes ____ No

*Join us, learn something new,
meet new people,
and have fun.*

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