

## I'd like to volunteer!

- First Name: \_\_\_\_\_
- Last Name: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Home Phone number: \_\_\_\_\_
- Cellphone number: \_\_\_\_\_
- Spoken language(s): French ☐ English ☐

### I would like to help Artexte :

#### At the Gallery :

- ☐ Bar tending
- ☐ Gallery sitting
- ☐ Office work

#### Experience : Yes or No

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

#### AT THE DOCUMENTATION CENTER:

- ☐ Cataloguing
- ☐ Filing
- ☐ Sorting

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

• Availability: \_\_\_\_\_

• Comments:

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Please add me to Artexte's mailing list: ☐