

VOLUNTEER REQUIREMENTS

Volunteer help is essential to the well being of CAAG and to enable us to meet our mandate. The Guild organizes numerous activities and members are called on to help as much as possible, giving consideration to their personal requirements, family matters, health, etc. By filling out the following volunteer portion of this form, we will be able to ensure that your areas of expertise and interest can best be used to benefit the Guild.

In addition, there is a requirement to "sit" the gallery if you are participating in group exhibitions. For one piece of artwork submitted, members must sit 2 – three hour slots, and you must sit another slot for each additional piece of artwork submitted. Please note that the gallery directors may limit the number of submissions from any one artist to allow a maximum number of exhibitors. If the sitter's calendar is full without you having to sit twice, you are asked to sit for another show that would otherwise be understaffed. **The gallery cannot be open for CAAG group shows unless a sitter is present!** (Private exhibitors are free to make their own decisions in this matter and to assume the associated risks.)

At present, more than 50% of CAAG members volunteer in one function or another, but there are still many positions for which your help is needed. All members need to get involved to make it a little easier for those who volunteer most. We need people to both chair various committees and to be committee members, where tasks can range from helping with organization to vacuuming and washing dishes.

Therefore, we ask you to please complete the portion below and submit it with your membership form and payment.

If you are signing up as a family, please indicate who is volunteering for which positions.

Volunteer Positions:

On the list below, please check off which committees you are interested in, and then circle whether you are willing to chair the committee or be a member. Someone will then contact you at the appropriate time to let you know the specifics of what will be involved.

For further information on any of these positions and what they entail, please contact the Volunteer Coordinator at 403-609-9576.

<input type="checkbox"/>	Advertising / Marketing (chair / member)
<input type="checkbox"/>	AGM Potluck/Meeting in April (chair / member)
<input type="checkbox"/>	Arranging workshops (chair / member)
<input type="checkbox"/>	Art Book/Paintings Exchange (chair / member)
<input type="checkbox"/>	ArtsPeak Liaison
<input type="checkbox"/>	Bios/Labels/Statements (chair / member)
<input type="checkbox"/>	CAAG Christmas Faire (chair / member)
<input type="checkbox"/>	Christmas Party (chair / member)
<input type="checkbox"/>	Communications (chair / member)
<input type="checkbox"/>	Gallery Openings (chair / member)
<input type="checkbox"/>	Gallery Painting
<input type="checkbox"/>	Gallery Schedule Coordinator
<input type="checkbox"/>	Gallery Sitting Coordination (chair / member)
<input type="checkbox"/>	Graphic Design (chair / member)
<input type="checkbox"/>	Hospital Art Hanging (chair / member)
<input type="checkbox"/>	Juried Show (chair / member)
<input type="checkbox"/>	Kids' Art Jury (chair / member)
<input type="checkbox"/>	Life Drawing Classes (chair / member)
<input type="checkbox"/>	Meeting programs (chair / member / speaker)
<input type="checkbox"/>	Membership (chair / member)
<input type="checkbox"/>	Mountain Arts Foundation Liaison (chair/member)
<input type="checkbox"/>	Phone Committee (chair / member)

<input type="checkbox"/>	Photography Show (chair / member)
<input type="checkbox"/>	Poster Distribution (chair / member)
<input type="checkbox"/>	Poster Set-Up (chair / member)
<input type="checkbox"/>	Projector/Technical Equipment (chair / member)
<input type="checkbox"/>	Sitters' Calendar (chair / member)
<input type="checkbox"/>	Small Gems Show (chair / member)
<input type="checkbox"/>	Special Committees (chair / member)
<input type="checkbox"/>	Sponsorship (chair / member)
<input type="checkbox"/>	Three-Dimensional Show (chair / member)
<input type="checkbox"/>	Volunteer Coordination (chair / member)
<input type="checkbox"/>	Website assistant
<input type="checkbox"/>	
EXECUTIVE:	
<input type="checkbox"/>	President
<input type="checkbox"/>	Vice-President
<input type="checkbox"/>	Treasurer
<input type="checkbox"/>	Gallery Director
<input type="checkbox"/>	Director-at-Large
<input type="checkbox"/>	Secretary
<input type="checkbox"/>	Website coordinator
<input type="checkbox"/>	

Please indicate if you feel you cannot volunteer because of (a) Age ____ (b) Health ____ (c) Family Care ____

Please sign this waiver and add your phone number to allow your name to be called as a possible volunteer in an emergency.

Name (please print) _____ Signature _____ Phone No. _____