

APPLICANT INFORMATION	
NAME:	D.O.B. (D/M/Y)
MAILING ADDRESS:	
PHONE (HOME):	PHONE (CELL):
E-MAIL:	
PREFERRED METHOD OF CONTACT: <input type="radio"/> E-MAIL <input type="radio"/> PHONE	ARE YOU A CURRENT MEMBER?: <input type="radio"/> YES <input type="radio"/> NO

ARE YOU AN ARTIST WHO IDENTIFIES AS LIVING WITH A DISABILITY? <i>(optional)</i>	<input type="radio"/> YES <input type="radio"/> NO	JOIN OUR MAILING LIST
<input type="radio"/> I am an artist, but do not identify as living with a disability	<input type="radio"/> I am not an artist	<input type="radio"/> YES <input type="radio"/> NO

EMERGENCY CONTACT INFO		
NAME:	PHONE:	RELATIONSHIP:

TELL US ABOUT YOURSELF! WHAT SKILLS CAN YOU BRING TO KICKSTART?

VOLUNTEER AREA(S) OF INTEREST: (check all that apply)			
<input type="radio"/> Events	<input type="radio"/> Fundraising	<input type="radio"/> Archives	<input type="radio"/> Graphic Design
<input type="radio"/> Membership Committee	<input type="radio"/> Other (please specify)		

TIME COMMITMENT		
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> As Needed
<input type="radio"/> Other (please specify)		

THANK YOU FOR YOUR INTEREST!

For Office Use:
Received By: _____
Date: _____
Contacted: _____

Kickstart Disability Arts & Culture,
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 Website: www.kickstartdisability.ca