



## VOLUNTEER APPLICATION FORM

Mr.  Ms.  Mrs.  Miss Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

I prefer to receive calls at:  Home  Business  Cell Best Time to Call: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If no, please tell us your age: \_\_\_\_\_

**Note:** A Guardian Awareness Form must be completed by applicants 16 years or younger.

**Education** *Formal education is **not** required to be a volunteer. We welcome experience of all kinds!*

Are you currently a student?  Yes  No

**If you are currently a student please complete this section:**

Name of School: \_\_\_\_\_ Grade Level/Year of Study: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Are you receiving credit for your volunteer work?  Yes  No Required number of hours \_\_\_\_\_ By When? \_\_\_\_\_

If yes, what school or organization do you require the hours for? \_\_\_\_\_

**If you are not currently a student, what is your highest level of education?**

- High School  
 University/College, please specify degree/course of study \_\_\_\_\_  
 Trade/Business, please specify \_\_\_\_\_  
 Other, please specify \_\_\_\_\_

### Employment History

Currently I am:  Employed  Unemployed  Retired  Homemaker  Student

Company Name/Employer	Your Job Title	From (M/Y)	To (M/Y)	Reason for Leaving

**Volunteer Work** Please list organizations in your community that you are involved with including community clubs, schools, religious organizations, professional associations, non-profit organizations, sporting organizations, etc.

Organization Your	Responsibilities	From (M/Y)	To (M/Y)	Reason For Leaving

Have you ever applied to volunteer with this organization before?  No  Yes When? \_\_\_\_\_

**Is there a specific volunteer role that you are interested in? If yes, please describe:**

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**Check the community area(s) or location(s) where you would prefer to volunteer:**

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> St. James/ Assiniboia | <input type="checkbox"/> St. Boniface            | <input type="checkbox"/> St. Vital  |
| <input type="checkbox"/> Assiniboine South     | <input type="checkbox"/> River East              | <input type="checkbox"/> Transcona  |
| <input type="checkbox"/> Fort Garry            | <input type="checkbox"/> River Heights           | <input type="checkbox"/> Seven Oaks |
| <input type="checkbox"/> Inkster               | <input type="checkbox"/> Point Douglas           | <input type="checkbox"/> Downtown   |
| <input type="checkbox"/> WRHA Corporate Office | <input type="checkbox"/> Other/specific location |                                     |

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**Check the skills and experience you have to offer:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Clerical, Organizational | <input type="checkbox"/> Facilitation                   | <input type="checkbox"/> Training/Education    |
| <input type="checkbox"/> Health care              | <input type="checkbox"/> Writing                        | <input type="checkbox"/> Food Handling/Service |
| <input type="checkbox"/> Class 5 driver's license | <input type="checkbox"/> Research                       | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Computer, Technology     | <input type="checkbox"/> Experience with children/youth | <input type="checkbox"/> Languages _____       |
| <input type="checkbox"/> Public Speaking          | <input type="checkbox"/> Experience with the elderly    |  |
| <input type="checkbox"/> Fundraising Experience   | <input type="checkbox"/> Recreation, Coaching           |  |

**Check your reason(s) for volunteering:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Credit          | <input type="checkbox"/> Learn new skills           | <input type="checkbox"/> Practice English skills        |
| <input type="checkbox"/> Confirmation Requirement | <input type="checkbox"/> Help others                | <input type="checkbox"/> Referred by medical profession |
| <input type="checkbox"/> Employment Experience    | <input type="checkbox"/> Improve health care        | <input type="checkbox"/> Stay active & involved         |
| <input type="checkbox"/> Explore careers          | <input type="checkbox"/> Social interaction         | <input type="checkbox"/> Other (specify) _____          |
| <input type="checkbox"/> Increase self-esteem     | <input type="checkbox"/> Relative/friend volunteers | _____   |

**Check how you found out about our volunteer program:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Physician                   | <input type="checkbox"/> School                | <input type="checkbox"/> TV                            |
| <input type="checkbox"/> Community                   | <input type="checkbox"/> Newspaper             | <input type="checkbox"/> Volunteer Centre              |
| <input type="checkbox"/> Volunteer                   | <input type="checkbox"/> WRHA newsletter       | <input type="checkbox"/> Referral Organization         |
| <input type="checkbox"/> Previously a patient/client | <input type="checkbox"/> Poster/brochure/flyer | <input type="checkbox"/> Recruitment/Information Booth |
| <input type="checkbox"/> Employee of WRHA            | <input type="checkbox"/> Internet              | <input type="checkbox"/> Relative/Friend               |
| <input type="checkbox"/> Previously a volunteer      | <input type="checkbox"/> Radio                 | <input type="checkbox"/> Other (specify) _____         |

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**Availability** Please check the preferred time period(s) that you are available to volunteer FOR THE NEXT 3 MONTHS. Please specify the times you would arrive for your shift and then have to leave.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many times per week would you like to volunteer?  one shift  2-3 shifts  4 or more

Are you interested in volunteering for special projects or events?  Yes  No

Are there times of the year you are not available to volunteer? i.e. vacation

### Health Information

Please list any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a volunteer placement.

### Who would you like us to contact in case of an emergency?

Name: \_\_\_\_\_ Phone : Home \_\_\_\_\_  
 Work \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Cellular \_\_\_\_\_

### References

Please list **3 current** references such as past /present employers, teachers/instructors, youth group leaders, colleagues or a supervisor from a volunteer experience. We **do not accept** family members or personal friends as references **unless you were employed by them.** We **do accept** signed reference letters that are current and on the organization's letterhead.

Name	Organization	How do you know this person?	Phone No. Day/evening	Fax No.
1.				
2.				
3.				

I hereby authorize the Winnipeg Regional Health Authority to contact the named references to ascertain my suitability as a volunteer. I hereby release the Winnipeg Regional Health Authority from all liability for any damage whatsoever for issuing same. I further authorize the Winnipeg Regional Health Authority to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose. **Disclaimer:** It is the policy of this organization to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to reject applicants who do not meet our requirements and/or placement criteria.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

.....***What to expect when you apply to become a  
Winnipeg Regional Health Authority  
(WRHA) Volunteer***

**Step 1  
*Applying***

- Applying to volunteer is much like applying for a job. We take many factors into consideration before accepting volunteers to assist with WRHA programs. Because we take our responsibility for clients/patients seriously, we screen all applicants thoroughly. Completing your application as thoroughly as possible will help us assess your suitability for volunteering in a health care environment.
- When you complete the application be sure to provide three current references with correct phone numbers.
- If you are under 16, you must complete a guardian awareness form. These forms are available by calling 787-5078.

**Step 2  
*The Interview***

- Once our office receives your application, a WRHA Volunteer Services staff member will call you to arrange a date and time for an interview.
- The interview is one of our ways of finding out more about you and your interests.
- During the interview, feel free to ask any questions you may have about volunteering with the WRHA.
- We will also discuss expectations of volunteers and the importance of confidentiality.

**Step 3:  
*Screening***

- After your interview, a WRHA Volunteer Services staff member will contact your references.
- Depending on the volunteer role(s) that you are interested in, a criminal record check and/or a Child Abuse Registry check may be required. You will be notified of any required checks during your interview.

**Step 4:  
*The Offer***

- If a successful match is made between your skills and abilities and an available position, WRHA Volunteer Services staff will offer you a volunteer position. If you decide to accept the offer, a start date will be determined.
- If you are a student getting credit hours for your volunteering, it is your responsibility to track your hours to ensure you are meeting your school's hour requirements.

**Step 5:  
*Training &  
Orientation***

- On your first day, your immediate placement supervisor will provide you with a WRHA volunteer identification badge, a general orientation to the office/site where you will be volunteering. You will then receive specific training for your volunteer position. You are now ready to begin volunteering!

**Questions? Please call WRHA Volunteer Services at 787-5078**