



*Embrace the Spirit • Vivez l'esprit*

**Complete and return to:**  
**Volunteer Services Branch**  
**Community Services Department**  
**City of Winnipeg**  
**Main Floor, 395 Main Street**  
**Winnipeg Manitoba R3B 3N8**

**Fax: 204.986.8098**

*A resume may be attached to this application.*

## **VOLUNTEER SERVICE APPLICATION FORM**

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone:  
(day): \_\_\_\_\_ (evening): \_\_\_\_\_ (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Birthdate (optional): \_\_\_\_\_ Driver's License: Yes  No

What type of volunteer work are you interested in? \_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

Hobbies, skills and interests: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Education and/or special training:      Grade Level Completed: _____ Certificates: _____
Language(s) spoken: English <input type="checkbox"/> French <input type="checkbox"/> Other: _____
Are you presently employed?    Yes <input type="checkbox"/> No <input type="checkbox"/> Where? _____
<b>References (adult, non-family)</b> Name: _____ Phone: _____ Name: _____ Phone: _____
<b>Emergency Contact</b> Name: _____ Phone: _____ Relationship: _____

*The above information is collected under the authority of the Community Services Department. It will be maintained in a confidential file. By signing, I hereby grant permission to the City of Winnipeg to carry out whatever personal investigation is found necessary in connection with this application.*

*To the best of my knowledge, the above information is correct and I understand that any falsification of this record is cause for termination.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian (if under 18 years): \_\_\_\_\_

*Upon receipt of this application, we will contact you for a screening interview. The prescreening process, police check and training can take four to six weeks to complete.*

**VOLUNTARY DECLARATION**

The City of Winnipeg is committed to achieving a diverse volunteer and paid workforce that is representative of the community. Completion of this section is voluntary. We encourage applicants to self-identify. Mark an "X" in applicable boxes and circle the relevant categories.

Male     Female                       I am a person with a disability:    Yes     No

I am an Aboriginal person:    Yes     No     If "Yes", circle only one:    First Nations    Metis    Inuit

I belong to a visible minority group    Yes     No

If "Yes", circle only one:    Black    Chinese    Filipino    Indo-Pakistani    Japanese    Korean    Oceanic  
                                  Southeast Asian    South Asian    Vietnamese    Western Asian    Arab    Mixed Origin    Other

How did you hear about volunteering for the Community Services Department?

Family/Friends     City of Winnipeg Website     Other Website(s)     Leisure Guide   
 Presentation     Other  \_\_\_\_\_