



CITY OF WINNIPEG
COMMUNITY SERVICES DEPARTMENT
VOLUNTEER SERVICES BRANCH
9TH FLOOR 395 MAIN STREET, WINNIPEG, MB R3B 3N8
PHONE: 311 FAX: 986.8381

VOLUNTEER SERVICE APPLICATION FORM

NEW APPLICANT

RE-APPLYING

FULL NAME: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE: (DAY) _____ (EVENING): _____ CELL: _____

BIRTHDATE: _____ (OPTIONAL) VALID DRIVER'S LICENSE: YES NO

ADDITIONAL CONTACT INFORMATION IF APPLICABLE:

SCHOOL COUNSELLOR NAME: _____ PHONE: _____

PROGRAM COORDINATOR NAME: _____ PHONE: _____

OTHER: _____ FAX: _____ EMAIL: _____

What type of volunteer opportunity are you interested in?

What do you hope to gain from your volunteer experience?

Hobbies, Skills and interests:

Previous volunteer experience (i.e: school, church, neighbourhood, etc):

EDUCATION AND/OR SPECIAL TRAINING: _____ GRADE LEVEL COMPLETED: _____

CERTIFICATES/DIPLOMAS: _____ DEGREES: _____

Language(s) Spoken: English French Other

Are you presently employed? Yes No Where? _____

References (must be adult & non-family):

1) _____ Phone: _____

2) _____ Phone: _____

Emergency Contact 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 conduct the criminal record check and reference checks and any other personal investigation 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: _____ Volunteer Signature: _____

Parent/Guardian Signature: _____ Print: _____
(if under 18 years of age)

Upon receipt of this application, you will be contacted for an interview. Criminal record checks and training can take four to six weeks to complete.

How did you hear about volunteering for Community Services?

Family/Friends City of Winnipeg Website Leisure Guide Presentation

Other: _____