

VOLUNTEER APPLICATION FORM

FOR OFFICE USE	
Date received:	_____
Action:	_____

All information on this volunteer application form, whether submitted online or in paper directly to Deer Lodge Centre, will be entered to a website owned by Volgistics, Inc. and not Deer Lodge Centre or the Winnipeg Regional Health Authority (WRHA). Volgistics is a third party contracted to manage and store all information on volunteers collected by Deer Lodge Centre including but not limited to: this application, personal information, volunteer assignments, service hours, awards, etc. Volgistics currently stores this information on servers located outside of Canada. This information will be subject to the laws of the country where it is kept. Deer Lodge Centre and the WRHA are not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Volgistics website. Information about Volgistics' security features, privacy policies and terms of use can be found on its website at www.volgistics.com.

Please Print

Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	She/Her	<input type="checkbox"/>	He/Him	<input type="checkbox"/>	They/Them	<input type="checkbox"/>	Other	<input type="checkbox"/>
Last Name:		_____												First Name:		_____	
First name generally used, if different from above:		_____															
Home Address:		_____															
City:		_____										Postal Code:		_____			
Home Phone:		_____								Work Phone:		_____					
Cell Phone:		_____						E-mail address:		_____							
Best time to contact you:		_____															
Age:		<input type="checkbox"/>	16-17		<input type="checkbox"/>	18-34		<input type="checkbox"/>	35-54		<input type="checkbox"/>	55 & older					

EDUCATION:

Highest Level of Education Obtained:	_____
Name of School (if currently attending):	_____

Are you receiving credit for your volunteer work? Yes No

EMPLOYMENT HISTORY:

Employed Unemployed Retired Student Other

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Company Name/Employer	Your Job Title	From	To	Reason for Leaving

VOLUNTEER EXPERIENCE:

Organization	Your Title	From	To	Reason for Leaving

Have you ever applied to volunteer with this organization before? Yes No
If yes, when? _____

Please check the following areas you are interested in.

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Nursing | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Friendly Visitor |
| <input type="checkbox"/> Auxiliary | <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Chad's Bar | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Entrance Greeter | | | |

What skills and experience do you have to offer?

- | | | |
|--|---|--|
| <input type="checkbox"/> Valid Driver's License | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Creative Ideas | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Physio/OT Experience | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Musical Ability | <input type="checkbox"/> Work well with people | <input type="checkbox"/> Retail Experience |
| <input type="checkbox"/> Physical strengths | <input type="checkbox"/> Clerical | <input type="checkbox"/> Experience with the elderly |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Languages, spoken/read | |
| <input type="checkbox"/> Special Training (specify): _____ | | |
| <input type="checkbox"/> Other (specify): _____ | | |

What is/are your reasons for volunteering?

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic credit | <input type="checkbox"/> Help others | <input type="checkbox"/> Practice English skills |
| <input type="checkbox"/> Employment experience | <input type="checkbox"/> Improve health care | <input type="checkbox"/> Referred by professional |
| <input type="checkbox"/> Explore careers | <input type="checkbox"/> Social interaction | <input type="checkbox"/> Stay active and involved |
| <input type="checkbox"/> Increase self-esteem | <input type="checkbox"/> Relative/friend volunteers | <input type="checkbox"/> Learn new skills |
| <input type="checkbox"/> Other _____ | | |

How did you find out about our volunteer program?

- | | | | | | |
|--|--|--------------------------------|---|------------------------------------|-----------------------------|
| <input type="checkbox"/> Physician | <input type="checkbox"/> School | <input type="checkbox"/> Radio | <input type="checkbox"/> Community | <input type="checkbox"/> Newspaper | <input type="checkbox"/> TV |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Volunteer Manitoba | | <input type="checkbox"/> Previously a patient | | |
| <input type="checkbox"/> Poster/brochure/flyer | <input type="checkbox"/> Recruitment/Information Booth | | <input type="checkbox"/> Visited a patient | | |
| <input type="checkbox"/> External sign | <input type="checkbox"/> Relative/friend | | <input type="checkbox"/> DLC Employee | | |
| <input type="checkbox"/> Human Resources Dept. | <input type="checkbox"/> Referral organization (specify) _____ | | | | |
| <input type="checkbox"/> Other (specify) _____ | | | | | |

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Please check (✓) the time periods you are available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>						
Afternoon	<input type="checkbox"/>						
Evening	<input type="checkbox"/>						

Time Commitment

How long of a commitment are you prepared to make? 3 months 6 months 1 year +

How many times a week would you like to volunteer? 1 shift 2-3 shifts 4 +

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

Please note the times of the year you are not available to volunteer i.e. vacation

Optional

<p>If you wish to have anything further to be taken into consideration when determining a volunteer placement (for example: mobility issues, back problems or allergies), you may list those issues in the space provided:</p>

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

Name: _____

Phone Numbers: Home: _____

Cell: _____

Work: _____

References

If you are interviewed as a potential volunteer, you will be asked to provide three (3) references. Please note that references from family members or from personal friends will not be accepted, unless you were employed by them.

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Authorization and Consent

By submitting this application, I agree that the information I have provided on the form is true and accurate. Furthermore, I understand and agree that submitting this application form does not automatically register me as a volunteer. It is the policy of Deer Lodge Centre Volunteer Services to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or placement criteria. I consent to this information and information about my volunteer work with Deer Lodge Centre to be maintained on the Volgistics website and absolve and release Deer Lodge Centre and the WRHA from all and any liability that may otherwise accrue by reason of keeping this information on the Volgistics website and using this information for Deer Lodge Centre purposes.

Signature of Applicant: _____ **Date:** _____

For those applicants under the age of 18, parental/guardian consent is required before submitting this application.

I, _____, hereby give my permission for _____
Print name of Parent/Guardian Applicant Name
 to volunteer at Deer Lodge Centre. I have read and understood the Volunteer Application Form and I consent to the details of my child's volunteer records being stored on the Volgistics website as described at the beginning of this Volunteer Application Form.

Signature Date

Consent to Interview, Photograph or Videotape

On occasion, volunteers may be asked for a picture or interview to promote the public relations of Deer Lodge Centre or the Volunteer Services Department. If you are in agreement to this, please sign below. I authorize the taking of photographs and/or videotape and/or being interviewed for the following:

- a) Educational purposes and/or formal presentation.
- b) News Media or Deer Lodge Centre publication.
- c) Website

Signed the _____ day of _____

Name (Please Print) Signature

Print name of Parent/Guardian Signature Signature of Parent/Guardian
(for applicants under 18 years of age)