



Volunteer Opportunity Application

Personal Data

Name		Birth Date Information:
Address		Postal Code
Home Phone	Alternate Phone	<u>EMAIL ADDRESS</u>
How Did You Hear of This Volunteer Opportunity		

Specific Area of Interest

Job Status

<input type="checkbox"/> Fundraising/Special Events	<input type="checkbox"/> Children's Camps	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Employed Full-Time
<input type="checkbox"/> Adult Leisure Program	<input type="checkbox"/> Literacy Tutor	<input type="checkbox"/> Accounting	<input type="checkbox"/> Employed Part-Time
<input type="checkbox"/> Wheelchair Services	<input type="checkbox"/> Computer Training		<input type="checkbox"/> Unemployed
<input type="checkbox"/> Information Booth Displays	<input type="checkbox"/> Lottery Ticket Sales	<input type="checkbox"/> Preschool Program	<input type="checkbox"/> Retired
Other (please specify):			<input type="checkbox"/> Student
What do you hope to gain from your volunteer experience with SMD?			

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Time Commitment

How long a commitment are you prepared to make? July & August only 6 months 1 year+

Approximately how many hours per week are you interested in volunteering? _____

Please note the times of the year you are not able to volunteer (i.e. June to etc) _____

Education

High School	From	To	Degrees/Diplomas
College/University	From	To	Degrees/Diplomas
Trade or Technical Training	From	To	Degrees/Diplomas
Special Skills, Training, Interests, Hobbies, American Sign Language and level?			

Previous Volunteer Experience

Agency/Organization			Duties & Responsibilities
Position	From	To	
Agency/Organization			Duties & Responsibilities
Position	From	To	

Employment History

Employer			Job Responsibilities
Position	Started	Left	
Employer			Job Responsibilities
Position	Started	Left	

Emergency Contact

<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
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Health Information

Please list any accommodation you may require that you wish to have taken into consideration when determining a volunteer placement (i.e. Disability, Ergonomic, Work/Life Balance).

References

List two references other than family who are familiar with the quality of your work and have known you for at least two years.

Name	Address	Relationship	Phone Number

I consent to the Society for Manitobans with Disabilities (SMD) verifying any information supplied by me in this application. For that purpose and for the purpose of obtaining any other information as to my suitability for volunteering, SMD may contact any person or persons unless otherwise noted on this application form. I certify that I have completed this form and that the statements made by me are true and complete to the best of my knowledge. I hereby release SMD from all liability for any damage whatsoever for same. I further authorize SMD to maintain this information in their records as per department policy 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 policy of this organization to screen all prospective staff and volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or volunteer placement criteria. I acknowledge that the SMD is under no obligation to accept me as a volunteer.

Signature _____ Date _____

Signature of Parent of Guardian (if under 18) _____

For Office Use only		
Position _____	Department _____	Supervisor _____
Days and Hours _____	Start Date _____	End Date _____