



# Application for Volunteer

Full Legal Name					
Last		First		Middle	
Social Insurance No. (optional)					
Address			City/Town		
Province		Postal Code		Apt. No.	
Home Phone	( )				
Mobile Phone	( )				
E-mail Address					

## PLEASE TELL US ABOUT YOUR EDUCATION:

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

Name of School	Highest Level Obtained	Currently Attending
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Area you receiving credit for volunteer work?  Yes  No

What school/organization require the hours \_\_\_\_\_

## PLEASE TELL US ABOUT YOUR EMPLOYMENT HISTORY:

Employed  Unemployed  Retired  Student  Homemaker

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

My Employer offers a donation matching program  Yes  No

My Employer offers a time-off program for  Yes  No

## PLEASE TELL US ABOUT YOUR VOLUNTEER WORK YOU HAVE DONE:

Organization	Your Title/Position	From	To	Reason for Leaving

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

If, exact program/area known, please indicate: \_\_\_\_\_

Is there a specific volunteer position you are applying for?  Yes  No

If Yes, What position? \_\_\_\_\_

**WHAT SKILLS AND EXPERIENCE DO YOU HAVE TO OFFER? Please Check (√)**

<input type="checkbox"/>	<b>Clerical Skills</b>	<input type="checkbox"/>	<b>Fundraising</b>	<input type="checkbox"/>	<b>Physical Strengths</b>
<input type="checkbox"/>	<b>Communication Skills</b>	<input type="checkbox"/>	<b>Languages, Spoken/Read</b>	<input type="checkbox"/>	<b>Retail Experience</b>
<input type="checkbox"/>	<b>Computer Skills (specify)</b>	<input type="checkbox"/>	<b>Musical Instrument</b>	<input type="checkbox"/>	<b>Special Training</b>
<input type="checkbox"/>	<b>CPR</b>	<input type="checkbox"/>	<b>Nursing</b>	<input type="checkbox"/>	<b>Valid Driver's License</b>
<input type="checkbox"/>	<b>Creative Ideas</b>	<input type="checkbox"/>	<b>Organization Skills</b>	<input type="checkbox"/>	<b>Work Well with People</b>
<input type="checkbox"/>	<b>Experience with Elderly</b>	<input type="checkbox"/>	<b>Photography</b>	<input type="checkbox"/>	

Other (Specify) \_\_\_\_\_  
 \_\_\_\_\_

**WHAT IS/ARE YOUR REASON(S) FOR VOLUNTEERING? Please Check (√)**

<input type="checkbox"/>	<b>Academic Credit</b>	<input type="checkbox"/>	<b>Help Others</b>	<input type="checkbox"/>	<b>Referral by Medical Profession</b>
<input type="checkbox"/>	<b>Employment Experience</b>	<input type="checkbox"/>	<b>Improve Health Care</b>	<input type="checkbox"/>	<b>Stay Active &amp; Involved</b>
<input type="checkbox"/>	<b>Explore Careers</b>	<input type="checkbox"/>	<b>Social Interaction</b>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Increase Self-Esteem</b>	<input type="checkbox"/>	<b>Relative/Friend Volunteers</b>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Learning New Skills</b>	<input type="checkbox"/>	<b>Practice English Skills</b>	<input type="checkbox"/>	

Other (Specify) \_\_\_\_\_  
 \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT OUR VOLUNTEER PROGRAM? Please Check (√)**

<input type="checkbox"/>	<b>Physician</b>	<input type="checkbox"/>	<b>School</b>	<input type="checkbox"/>	<b>Radio</b>
<input type="checkbox"/>	<b>Community</b>	<input type="checkbox"/>	<b>Newspaper</b>	<input type="checkbox"/>	<b>TV</b>
<input type="checkbox"/>	<b>Another Volunteer</b>	<input type="checkbox"/>	<b>Volunteer Center</b>	<input type="checkbox"/>	<b>Referral Organization (Specify)</b>
<input type="checkbox"/>	<b>Visited a Resident</b>	<input type="checkbox"/>	<b>Knew About Prior</b>	<input type="checkbox"/>	<b>Poster/Brochure/Flyer</b>
<input type="checkbox"/>	<b>Employee of this Organization</b>	<input type="checkbox"/>	<b>Relative/Friend Volunteers</b>	<input type="checkbox"/>	

Other (Specify) \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE CHECK (√) THE TIME PERIODS YOU ARE AVAILABLE TO VOLUNTEER**

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**TIME COMMITMENT**

<b>How long a commitment are you prepared to make?</b>	<b>3 months</b>	<b>6 months</b>	<b>1 year +</b>
<b>How many times per week would you like to volunteer?</b>	<b>1 shift</b>	<b>2-3 shift</b>	<b>4 or more</b>
<b>Are you interested in volunteering for special projects or events?</b>	<b>Yes</b>	<b>No</b>	

*Please note the times of the year you are not available to volunteer (i.e. Vacation)*

**WHO WOULD YOU LIKE US TO CONTACT IN CASE OF AN EMERGENCY?**

<b>Name:</b>		<b>Relationship:</b>	
<b>Phone:</b>			

**REFERENCES:** List names, Addresses and Relationship of three persons not related to you who know you qualifications.

Name	Address	Phone	Relationship

**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 job placement.

---



---



---



---

Is there any information you would like to add that would be helpful for this application?

---



---



---



---

**When will you be available to start volunteering?**

<b>Month</b>		<b>Date</b>		<b>Year</b>	
--------------	--	-------------	--	-------------	--

I hereby authorize Luther Home permission to contact the above named references to ascertain my suitability as a volunteer. I hereby release Luther Home from all liability for any damager whatsoever for issuing same. I further authorize Luther Home 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 staff and volunteers. While we try to place every prospective volunteer; management reserves the right to reject applicants who do not meet our requirements and/or job placement criteria.

<b>Applicant Signature</b>		<b>Date</b>	
<b>Signature of Parent/Guardian, if under 16</b>		<b>Date</b>	

As a volunteer your photograph may be taken for Luther Home purposes. These photographs are used for items such as newsletters, photo contests and newspaper articles. If you consent to your picture being used for these purpose, please read the following statement and sign below.

*I hereby give Luther Home the absolute right and permission to copyright and/or publicize, or use photographic portraits or picture of me, or videotaped images in which I may be included in whole or part for the use of advertising, art, trade, and any other lawful purpose whatsoever.*

<b>Applicant Signature</b>		<b>Date</b>	
<b>Signature of Parent/Guardian, if under 16</b>		<b>Date</b>	

Forward Completed form to: **Eddie Marion-Gerula**  
**Luther Home**  
**1081 Andrews Street**  
**Winnipeg, MB. R2V 2G9**

**Fax: (204)338-4643**

**E-mail to:** [emarion-gerula@lutherhome.mb.ca](mailto:emarion-gerula@lutherhome.mb.ca)

For additional information, contact Luther Home at (204)338-4641

Updated: May 2019