



ALS SOCIETY OF MANITOBA Volunteer Services Application Form

Please Print: (Mr./Mrs./Ms./Miss/Dr./Reverend – please circle) Date: _____

Last Name: _____ First Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Email: _____

Phone: Home: _____ Business: _____ Cell: _____

I prefer to receive calls at: Home Business Best Time to call: _____

Birth Date: _____ Birth Date: _____
(Day/Month/Year – if under 18) (Day and Month only – if over 18 – year is optional)

Main Reason for Volunteering (Please check off all that apply):

- employment experience
- help others
- explore career options
- academic credit
- other (specify) _____
- give back to the community
- learn new skills
- improve health care
- social interaction
- referred by medical profession
- stay active & involved
- practice English skills
- relative/friend volunteers

How did you find out about us (please check off all that apply):

- newspaper
- poster/brochure/flyer
- volunteer
- volunteer center
- relative/friend
- received service
- church/synagogue
- ALS display booth
- school
- radio
- T.V.
- referral organization (specify): _____
- other _____

Type of volunteer work you are interested in (please check off all that apply):

- administrative/office support
- companion volunteer
- contact volunteer
- board/committee
- speakers bureau
- conference
- support group facilitator
- walk for ALS
- tag days
- prize solicitation
- media monitor volunteer
- golf tournaments
- driver/delivery volunteer
- display booth host
- ALS house volunteer
- garage sales
- Concert of Hope
- other _____

Skills and experience you have to offer (please check off all that apply):

- CPR training
- communication skills
- fundraising
- access to a vehicle
- driver's license
- photography
- musical ability
- physio/OT experience
- work well with people
- clerical
- sales experience
- data entry
- public speaking
- desktop publishing
- computer skills
- nursing
- complimentary therapies (specify) _____
- other _____

Availability: Please check off the days and times you are most often available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

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 volunteer placement.

Volunteer Experience:

Agency/Institution	From	To
Position	Reason for Leaving	
Agency/Institution	From	To
Position	Reason for Leaving	

Employment History:

working F/T working P/T retired unemployed student homemaker self employed

Employer	From	To
Position	Reason for Leaving	
Employer	From	To
Position	Reason for Leaving	

Emergency Contact

Name	Relationship	Home Phone:
		Work Phone:

References

Please list two people other than relatives who would be willing to supply a character reference – past or present employers, volunteer administrators, teachers, etc.

Name	Address	Relationship	Phone Numbers Home: Work:
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I hereby authorize the Volunteer Services Department of The ALS Society of Manitoba to verify any information supplied by me in this application form to ascertain my suitability as a volunteer. I hereby release The ALS Society of Manitoba from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer Services Department to maintain this information in their records and release and absolve The ALS Society of Manitoba from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.

Disclaimer: Because we take our responsibility for clients seriously, we screen all our applicants thoroughly. While we try to place every prospective volunteer, management reserves the right to reject any applicant. I hereby certify that all information on this application form is true and complete.

Signature of Applicant _____ Date _____