



**ALS SOCIETY OF MANITOBA**  
**LA SOCIÉTÉ MANITOBAINE DE LA SLA**

2A - 1717 DUBLIN AVENUE  
 WINNIPEG, MANITOBA R3H 0H2  
 WEBSITE: WWW.ALSMB.CA

PHONE: 204.831.1510  
 FAX: 204.837.9023  
 EMAIL: HOPE@ALSMB.CA

**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
- Give back to the community
- Referred by medical profession
- Help others
- Learn new skills
- Stay active & involved
- Explore career options
- Improve health care
- Practice English skills
- Academic credit
- Social interaction
- Relative/friend volunteers
- Other (specify): \_\_\_\_\_

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

- Newspaper
- Received service
- T.V.
- Poster/brochure/flyer
- Church/synagogue
- Referral organization (specify): \_\_\_\_\_
- Volunteer
- ALS display booth
- Other (specify): \_\_\_\_\_
- Volunteer center
- School
- Relative/friend
- Radio

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

- Administrative/office support
- Support group facilitator
- Driver/delivery volunteer
- Companion volunteer
- Walk for ALS
- Display booth host
- Contact volunteer
- Tag days
- ALS house volunteer
- Board/committee
- Prize solicitation
- Garage sales
- Speakers bureau
- Media monitor volunteer
- Concert of Hope
- Conference
- Golf tournaments
- Other (specify): \_\_\_\_\_

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

- CPR training
- Physio/OT experience
- Computer skills
- Communication skills
- Work well with people
- Nursing
- Fundraising
- Clerical
- Complimentary therapies (specify): \_\_\_\_\_
- Access to a vehicle
- Sales experience
- Other (specify): \_\_\_\_\_
- Driver's license
- Data entry
- Musical ability
- Public speaking
- Desktop publishing

**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							

Because **HOPE** is important in the lives of those impacted by ALS, we Help Our People Every way we can.

**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.

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**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:	Phone:
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**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:	Home phone: Work phone:
Name: Address:	Relationship:	Home phone: Work phone:

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: \_\_\_\_\_