

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: _____ Work: _____ Cell: _____

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

Birth Date: _____ Birth Date: _____
(Day/Month/Year - if under 18 years of age) (Day & Month ONLY - if over 18 years of age - year is optional)

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Employment Experience | <input type="checkbox"/> Give Back to the Community | <input type="checkbox"/> Referred by Medical Profession |
| <input type="checkbox"/> Help Others | <input type="checkbox"/> Learn New Skills | <input type="checkbox"/> Stay Active & Involved |
| <input type="checkbox"/> Explore Career Options | <input type="checkbox"/> Improve Health Care | <input type="checkbox"/> Practice English Skills |
| <input type="checkbox"/> Academic Credit | <input type="checkbox"/> Social Interaction | <input type="checkbox"/> Relative/Friend Volunteers |
| <input type="checkbox"/> Other (specify): _____ | | |

How did you find out about us? (Please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Received Service | <input type="checkbox"/> T.V. |
| <input type="checkbox"/> Poster/Brochure/Flyer | <input type="checkbox"/> Church/Synagogue | <input type="checkbox"/> Referral Organization (specify): _____ |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> ALS Display Booth | |
| <input type="checkbox"/> Volunteer Centre | <input type="checkbox"/> School | <input type="checkbox"/> Other: (specify) _____ |

Type of Volunteer Work you are Interested in: (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative/Office Support | <input type="checkbox"/> Support Group Facilitator | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Companion Volunteer | <input type="checkbox"/> Walk to End ALS | <input type="checkbox"/> Driver/Delivery Volunteer |
| <input type="checkbox"/> Contact Volunteer | <input type="checkbox"/> Prize Solicitation | <input type="checkbox"/> Display Booth Host |
| <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Media Monitor Volunteer | <input type="checkbox"/> ALS House Volunteer |
| <input type="checkbox"/> Speakers Bureau | <input type="checkbox"/> Golf Tournaments | <input type="checkbox"/> Other: (specify) _____ |

Your Skill and Experience: (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> CPR Training | <input type="checkbox"/> Physio/OT Experience | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Works Well with People | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Clerical | <input type="checkbox"/> Complimentary Therapies (specify) _____ |
| <input type="checkbox"/> Access to a Vehicle | <input type="checkbox"/> Sales Experience | |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Other: (specify) _____ |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Public Speaking | |
| <input type="checkbox"/> Musical Ability | <input type="checkbox"/> Desktop Publishing | |

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Health Information:

Please list any intellectual or physical disabilities or any health conditions which may affect your ability to volunteer with the ALS Society of Manitoba and that you would like to have taken into consideration when determining volunteer placement.

Known Allergies: _____ Do you Carry and Epi Pen: _____

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:	Cell Phone:
Name:	Address:	Relationship:	Home Phone:	Cell Phone:

I hereby authorize the ALS Society of Manitoba to verify any information supplied by me on 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 ALS Society of Manitoba to maintain this information in their records and release the 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 volunteer 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: _____