

# VOLUNTEERS IN PUBLIC SERVICE

## VOLUNTEER APPLICATION FORM



**PLEASE ATTACH A COPY OF YOUR RESUME TO THIS FORM TO COMPLETE YOUR APPLICATION**

**Please send completed form and resume by email, mail, or fax to:**

Kristy Boyko, VIPS Coordinator | 230-800 Portage Avenue | Winnipeg, MB | R3G 0N4  
Phone: (204) 945-8115 | Fax: (204) 945-5726 | kristy.boyko@gov.mb.ca

### PERSONAL INFORMATION

Name	Home Phone	Other Phone	
Address	City/Town	Province	Postal Code
Email			

Age:  Under 18  18-29  30+ | Gender: \_\_\_\_\_ |  Student  Non-Student

### EDUCATION

Highest level achieved:

- Some High School  High School Graduate  Some College  College Graduate  
 Some University  University Graduate  Other \_\_\_\_\_

Course of Study: \_\_\_\_\_

### CURRENT EMPLOYMENT STATUS

- Working Full Time  
 Working Part Time  
 Student  
 Unemployed – Seeking work  
 Unemployed – Not seeking work

### EMPLOYMENT EQUITY

- Indigenous  
 Person with a disability  
 Visible Minority  
 Newcomer to Canada  
 Female

Are you legally entitled to work in Canada?  Yes  No

Do you have a valid Manitoba Driver's License?  Yes  No

Do you have regular access to a vehicle?  Yes  No

## VOLUNTEERING QUESTIONS

What type of volunteer placement are you looking for? (e.g. clerical, accounting)

What days and times (e.g. morning, afternoon) would you be available to volunteer in a typical week?

Please check your reason(s) for volunteering:

- |  |   |
|--|---|
| <input type="checkbox"/> Work experience | <input type="checkbox"/> Explore unfamiliar field |
| <input type="checkbox"/> Gain new skills | <input type="checkbox"/> Credit for a course      |
| <input type="checkbox"/> Use skills      | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Networking      |   |

Please list any disability accommodations that you may require as a volunteer:

How did you hear about the Volunteers in Public Service program?

## CERTIFICATION/CONSENT

I hereby certify that all statements or information made or furnished by me in this application, or (to be) given during any interview or interviews with staff of the department, are true and accurate to the best of my knowledge.

AND I expressly consent to the department verifying any or all such statements and information and for this purpose, and for the purpose of obtaining any other information the department may deem necessary in assessing my application, the department may contact any person, firm, organization or government (federal, provincial or municipal) who are hereby authorized to provide such verification or other information to the department and in so doing this shall be their full and sufficient authority without liability nor recourse against them on my part.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**If applicant is under 18, parent or guardian must complete and sign below**

I, \_\_\_\_\_ (please print full name)

of \_\_\_\_\_ (mailing address)

am the parent or lawfully appointed guardian of the Applicant. I am fully aware and understand the nature of the volunteer services that the Applicant has applied for and hereby consent to his/her undertaking the same.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date