

**Interest/Skills Inventory Tool**  
**Rewarding Volunteer's Benefit**

The personal information requested in this form is collected for the Employment and Income Assistance Program, which is established under *The Employment and Income Assistance Act* and *The Employment and Income Assistance Regulation* and will be used for the purposes of administering the Rewarding Volunteers Benefit. The collection, use and disclosure of personal information is subject to the provisions of *The Freedom of Information and Protection of Privacy Act*. Any questions about the collection of this information may be directed to the Family Services Access and Privacy Coordinator, 219-114 Garry Street, Winnipeg, MB., R3C 4V6, (204) 945-2013.

**Basic Information**

Participant Name: \_\_\_\_\_ EIA Case #: \_\_\_\_\_

**Reason for Volunteering**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General work experience | <input type="checkbox"/> Gain new skills        | <input type="checkbox"/> Explore new area |
| <input type="checkbox"/> Make job contacts       | <input type="checkbox"/> Build on skills        | <input type="checkbox"/> Meet new people  |
| <input type="checkbox"/> Support the community   | <input type="checkbox"/> Other (explain): _____ |   |

**Education and Training History**

**Education:**

- |  |   |
|--|---|
| <input type="checkbox"/> High School Graduate                                  | <input type="checkbox"/> High School (partial). Grade completed: _____        |
| <input type="checkbox"/> University Graduate                                   | <input type="checkbox"/> University (partial). Year of study completed: _____ |
| <input type="checkbox"/> Community College Graduate                            | <input type="checkbox"/> C.C (partial). Year of study completed: _____        |
| <input type="checkbox"/> Other (explain): _____ Year of study completed: _____ |   |

**Training:**

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Pre-Employment        | <input type="checkbox"/> Job Readiness | <input type="checkbox"/> Upgrading/Literacy        | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Skills Training       | <input type="checkbox"/> Voc. Rehab.   | <input type="checkbox"/> Work Experience Placement |                                       |
| <input type="checkbox"/> Other (explain) _____ |  |  |                                       |

## Interest/Skills Inventory Tool

### Rewarding Volunteer's Benefit

Employment History	
<b>Employer#1:</b> _____	
Dates Employed: From (MM/DDYY): _____	To (MM/DD/YY): _____
Duties: _____	
Reason for Leaving: _____	
<b>Employer#2:</b> _____	
Dates Employed: From (MM/DDYY): _____	To (MM/DD/YY): _____
Duties: _____	
Reason for Leaving: _____	
**If required, please use other side of this form for other Employment information.	

Skills, Hobbies and Interests	
Please check those skills, interests, and hobbies for which participants are best qualified, suited, or most prefer.	
<b>Groundskeeping</b>	
<input type="checkbox"/> Greenhouse/Gardening <input type="checkbox"/> Landscaping <input type="checkbox"/> Lawncare <input type="checkbox"/> Other: _____	
<b>Housekeeping</b>	
<input type="checkbox"/> Sewing/Clothing Repair <input type="checkbox"/> General Cleaning <input type="checkbox"/> Cooking <input type="checkbox"/> Other: _____	
<b>Maintenance</b>	
<input type="checkbox"/> Carpentry <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Masonry <input type="checkbox"/> General Mechanical	
<input type="checkbox"/> Auto Repair <input type="checkbox"/> Painting <input type="checkbox"/> Woodwork <input type="checkbox"/> General Fix-Up	
<input type="checkbox"/> Other: _____	
<b>Office</b>	
<input type="checkbox"/> Customer Service <input type="checkbox"/> Clerical <input type="checkbox"/> Filing <input type="checkbox"/> Typing <input type="checkbox"/> Front Reception	
<input type="checkbox"/> Data Entry <input type="checkbox"/> Copying <input type="checkbox"/> Other: _____	
<b>Computer Skills</b>	
<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Powerpoint <input type="checkbox"/> Internet Usage	
<input type="checkbox"/> Typing Speed (w.p.m. _____) <input type="checkbox"/> Other Programs: _____	
<b>Human Service</b>	
<input type="checkbox"/> Child Care <input type="checkbox"/> Companion/Proctor <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Coaching	
<input type="checkbox"/> Music/Drama <input type="checkbox"/> Special Event Organizer <input type="checkbox"/> Other: _____	

## Interest/Skills Inventory Tool

### Rewarding Volunteer's Benefit

#### Other Skills, Interests and Hobbies (please list):

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#### Volunteer Availability (please circle)

Weekdays:            Mon    Tues    Wed    Thurs    Fri

Weekends:            Sat      Sun

Preferred Times      Morning            Afternoon            Evenings            No Preference

#### Disability-Related Supports/Accommodations

Please list any disability-related supports, or accommodations required by the participant that would need to be provided by the agency/placement site to support participation in a Volunteer Plan.

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#### Other Comments/Information

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