



Winkler & District Multi-Purpose Senior Centre Inc.
 102 - 650 South Railway Avenue Winkler, Manitoba R6W 0L6
 PH. 204-325-8964 wsc.325-8964@gmail.com www.winkler55plus.com

VOLUNTEER APPLICATION FORM

DATE

All volunteers of the Winkler & District Multi-Purpose Senior Centre Inc. are required by the Regional Health Authority to provide a current (*within the past 12 months*) Criminal Record Check and an Adult Abuse Registry Check before assignment to a volunteer position.

All volunteers must sign a volunteer contract and an oath of confidentiality form

CONTACT INFORMATION

NAME _____
 STREET ADDRESS _____
 CITY / POSTAL CODE _____
 HOME PHONE _____ CELL PHONE _____
 EMAIL _____
 SPOUSE NAME _____ SPOUSE CELL PHONE _____

AVAILABILITY

DAY(S)						TIME OF DAY		
MON	TUE	WED	THU	FRI	SAT	AM	PM	EVENING

AREAS OF INTEREST - VOLUNTEERING IN WINKLER SENIOR CENTRE

_____ Congregate Meal - Cedar	_____ Fundraiser Events	_____ Receptionist
_____ Congregate Meal - WSC	_____ Gift Shoppe	_____ Tea Room
_____ Decorating for events, etc.	_____ Jam Session - Saturday	_____ Typist / Data Entry
_____ Events - setup / cleanup	_____ Meal Delivery	_____ Waffles
	_____ Maintenance - Equipment Repairs	

AREAS OF INTEREST - VOLUNTEERING IN THE COMMUNITY

_____ Housecleaning/Laundry	_____ Newsletter distribution	_____ Transportation (out of town)
_____	_____	_____

OTHER AREAS OF INTEREST - Please specify

HEALTH (any physical limitations)

IN CASE OF EMERGENCY CONTACT:

NAME _____	RELATIONSHIP _____
PHONE _____	CELL _____

Winkler & District Multi-Purpose Senior Centre Inc.
VOLUNTEER APPLICATION FORM

Please Note: Some of the volunteer positions require additional documentation such as resumes, copy of drivers license or drivers abstract

REFERENCES

Personal References:

1 Name: _____

Phone: _____ Email: _____

2 Name: _____

Phone: _____ Email: _____

Past Work/ Volunteer Experience

1 Company: _____

Supervisor _____

Position _____

Length of employment _____ From _____ To _____

Phone: _____ Email: _____

2 Company: _____

Supervisor _____

Position _____

Length of employment _____ From _____ To _____

Phone: _____ Email: _____

Additional :

Thank you for taking the time to fill out this form. This information will be kept strictly confidential.