

VOLUNTEERS IN PUBLIC SERVICE



PLEASE ATTACH A COPY OF YOUR RESUME TO THIS APPLICATION

NAME: _____ **HOME PHONE:** _____

ADDRESS: _____ **WORK/MESSAGE PHONE:** _____

CITY/TOWN: _____ **PROV:** _____ **POSTAL CODE:** _____

What type of volunteer placement are you looking for? _____

PLEASE CHECK ONE CATEGORY IN EACH SECTION

(Check one box only)

Under 18*	<input type="checkbox"/>	1	18 - 24	<input type="checkbox"/>	2	Male	<input type="checkbox"/>	1	Student	<input type="checkbox"/>	1
25 - 30	<input type="checkbox"/>	3	31 +	<input type="checkbox"/>	4	Female	<input type="checkbox"/>	2	Non-Student 16-24	<input type="checkbox"/>	2
								3	Non-Student 25+	<input type="checkbox"/>	3

* Must have parental consent section on the back of this form completed.

PLEASE CHECK YOUR REASON(S) FOR VOLUNTEERING

General work experience	<input type="checkbox"/>	1	Job contacts	<input type="checkbox"/>	5
Gain new skills	<input type="checkbox"/>	2	Explore unfamiliar field	<input type="checkbox"/>	6
Use skills	<input type="checkbox"/>	3	Credit for a course	<input type="checkbox"/>	7
Meet people	<input type="checkbox"/>	4	Other (specify)	<input type="checkbox"/>	8

EDUCATION

(Check one, indicate highest level achieved and course of study)

High School	<input type="checkbox"/>	1	Recent Graduate	<input type="checkbox"/>	4
University	<input type="checkbox"/>	2	Other	<input type="checkbox"/>	5
Community College	<input type="checkbox"/>	3			

Course of study (if applicable): _____

LABOUR FORCE STATUS (Check one)

Working Full Time	<input type="checkbox"/>	1
Working Part Time	<input type="checkbox"/>	2
Student	<input type="checkbox"/>	3
Unemployed-Seeking Work	<input type="checkbox"/>	4
Unemployed-Not Seeking Work	<input type="checkbox"/>	5
Other (describe):	<input type="checkbox"/>	6

OPTIONAL SECTION

This enables the identification of individual for consideration under special initiatives.

Aboriginal	<input type="checkbox"/>	1
Disabled	<input type="checkbox"/>	2
Visible Minority	<input type="checkbox"/>	3
Social Assistance Recipient	<input type="checkbox"/>	4

Are you entitled to work in Canada by reason of Canadian Citizenship,
Landed Immigrant Status or Work Permit?

YES NO

Do you have a valid Manitoba driver's licence?

YES NO

Do you have the use of a car?

YES NO

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

List any disability limitations that could affect your duties as a volunteer.

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.

SIGNATURE

WITNESS

DATE

**IF APPLICANT IS UNDER 18, PARENT OR GUARDIAN
MUST COMPLETE AND SIGN BELOW**

I,
(please print your name in full)

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 same with the department. I agree that if I have any questions or concerns relating to the volunteer services (to be) provided by the Applicant I will promptly bring same to the attention

of
of the Department of

at
or by telephoning

SIGNATURE
(Parent or Guardian)

DATE