

**Volunteer Plan**  
**Rewarding Volunteers 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 #: \_\_\_\_\_

**Volunteer Agency/Placement Site Information**

Agency/Placement: \_\_\_\_\_

Address/Postal Code: \_\_\_\_\_

Staff Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Volunteer Availability** (please indicate anticipated number of days to be volunteered monthly)

4-6 days per month       7-8 days per month       Over 8 days

If this approval is for a one-time (versus a recurring) Volunteer Plan, please provide details of the volunteer activity, and ensure it meets the minimum four day duration requirement.

**Acceptance of Volunteer Plan**

I agree to inform my Case Co-ordinator/Counselor of any changes in my ability to maintain this Volunteer Plan: \_\_\_\_\_  
(participant initial)

I agree to submit the Volunteer Log Sheet to my Case Co-ordinator/Counselor on a monthly basis: \_\_\_\_\_  
(participant initial)

EIA Participant: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_  
(signature)

Case Co-ordinator/: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_  
Counsellor (signature)

Phone Number: \_\_\_\_\_