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## VOLUNTEER APPLICATION FORM

Please tell us about yourself:

Dr.  Mr.  Ms.  Mrs.  Miss

Last Name:

First Name:

Preferred Name:

Address:

City: Province: Postal Code:

Phone Numbers:

Home: Business: Cell:

E-mail:

I prefer to receive calls at:  Home  Business  Cell

When is the best time to contact you:

Do you have a valid driver's license?  Yes  No *A photocopy will be taken at interview*

Do you have access to a reliable vehicle?  Yes  No

### Please tell us about your education:

Formal education is not required to be a volunteer.

Are you receiving credits for your volunteer work?  Yes  No

Required number of hours:

What school/organization do you require the hours for?

**Please tell us about your employment history:**

Employed       Retired       Student       Homemaker       Other

Company Name/Employer	Your Role	From:	To:	Reason for Leaving

**Please tell us about any volunteer work you have been involved in:**

Organization	Your Title/Placement	From:	To:	Reason for Leaving

Have you ever applied to volunteer with this organization before?  Yes     No

If yes, when?

Are there any other skills or experience you would like to mention?

**Please check the days you are able to volunteer, check all that apply**

Monday     Tuesday     Wednesday       Thursday       Friday     Saturday  
 Sunday     Holidays     As schedule allows

**Role:**

Regular Driver                       Spare Driver                       Server Needed  
 Regular Server                       Spare Server  
 Board of Directors                   Dispatcher

**Frequency:**

( ) once a week      ( ) 2 or more times a week      ( ) every 2<sup>nd</sup> week      ( ) once a month  
Seasonal: ( ) summer (June – September)      ( ) winter (October – April)

Are you interested in volunteering for special projects or events? ( ) Yes ( ) No

Please note the times of the year you are not available to volunteer:

**Please check which facility you are interested in volunteering from:**

- ( ) Concordia Hospital                      ( ) Riverview Health Centre                      ( ) St. Boniface Hospital
- ( ) Deer Lodge                              ( ) Health Sciences Centre                      ( ) Seven Oaks Hospital
- ( ) Grace Hospital                      ( ) St. Amant Centre                      ( ) Victoria Hospital
- ( ) Gwen Secter                      ( ) Misericordia Hospital
- ( ) West Park Manor (Charleswood)                      ( ) Park Manor (Transcona)

**Weekend Centres:**

- ( ) Health Sciences Centre: (includes St. Boniface, Riverview, & West Kildonan)
- ( ) Concordia Hospital: East Kildonan

**How did you hear about Meals on Wheels?**

**Who would you like us to notify in case of an emergency?**

Name:

Relationship:

Phone: Home:

Work:

Cell:

**Criminal Background Check**

It is Meals on Wheels policy that a person with a history of violence, theft, abuse, or any other behaviour that may put our clients at risk will not be accepted to volunteer.

Would you object to having a criminal background check completed? ( ) Yes ( ) No

**Other:**

Meals on Wheels Drivers must be able to lift approximately 10 pounds and carry it 5 – 10 meters. Please list anything that might impede you from fulfilling the duties and responsibilities for being a volunteer with Meals on Wheels Winnipeg below for health and safety reasons.

**Confidentiality pledge:**

I understand that in consideration of my status with Meals on Wheels as either a volunteer or staff person, I must agree to adhere to the provisions of the Confidentiality Policy. I will not divulge to any person any confidential information learned as a result of fulfilling my duties, except as may be required in the course of performing my duties and responsibilities.

Confidential information shall be interpreted to include private information concerning either clients, employees or the business of Meals on Wheels of Winnipeg. Where there is doubt as to whether certain information is confidential, no disclosure should be made without first asking appropriate personnel.

Meals on Wheels' reputation for integrity is its most valuable asset and is directly related to the conduct of its volunteers. Therefore, volunteers must never use their positions with Meals on Wheels, or any of its clients, for private gain, to advance personal interests or to obtain favours or benefits for themselves, members of their families or any other individuals, corporations or business entities.

Meals on Wheels adheres to the highest legal and ethical standards applicable in our business. Meals on Wheels' business is conducted in strict observance of both the letter and spirit of all applicable laws and the integrity of each volunteer is of utmost importance.

Volunteers of Meals on Wheels shall conduct their personal affairs such that their duties and responsibilities to Meals on Wheels are not jeopardized and/or legal questions do not arise with respect to their association or work with Meals on Wheels.

I understand that adherence to the confidentiality policy survives my association with Meals on Wheels of Winnipeg.

I understand that unauthorized disclosure of such information may result in immediate termination of my association with Meals on Wheels of Winnipeg.

**Signature:**

**Date:**

## Reference Check

Please complete this form and bring it with you for your interview. If selected to be a volunteer Meals on Wheels is required to do a reference check. Please list three references – past or present employers, volunteer co-ordinators, teachers, etc.

Name	How do you know this person?	Phone Number

I hereby authorize Meals on Wheels permission to contact the above named references to ascertain my suitability as a volunteer. I hereby release Meals on Wheels from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer Coordinator or designate to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose. The data collected is protected by the Personal Information and Protection and Electronic Documents Act (PIPEDA).

Disclaimer: It is the policy of this organization to screen all prospective staff and volunteers. While we try to place every prospective volunteer, management reserves the right to reject applicants who do not meet our requirements and/or volunteer placement criteria.

I hereby certify that all information in this application form is true and complete.

Disclosure Policy: Parents/Guardians of Youth Volunteers may be advised of performance issues.

Signature of Applicant:

Signature of Parent/Guardian, if under 18:

Date:

Date: