



GOLDEN WEST CENTENNIAL LODGE
VOLUNTEER SERVICES
811 SCHOOL ROAD, WINNIPEG, MB R2Y 0S8
PHONE: 204-896-2422 FAX: 204-831-0544

VOLUNTEER SERVICES APPLICATION FORM (14-18)

Full Name: _____
Street Address: _____ Apartment Number: _____
City/Town: _____
Province: _____ Postal Code: _____
E-Mail: _____
Phone: Home: (____) _____ Cell: (____) _____
I prefer to receive calls at: Home Cell
Best Time to Call: _____

What is/are your reason(s) for volunteering? (please check)

- Help Others
- School Credit
- Employment Experience
- Social Interaction
- Relative/friend volunteers
- Learn new skills
- Other

Name of School: _____
Grade Level/Year of Study: _____
Are you receiving credit for your volunteer work? Yes No
Required number of hours: _____ By When? _____
If yes, what school or organization do you require the hours for? _____

Why do you wish to become a Golden West Centennial Lodge volunteer? _____

What type of volunteer opportunity are you interested in? _____

Previous volunteer experience: _____

Special interests, hobbies, etc.: _____

Availability: (circle all that apply)

M T W TH F SAT

AM PM EVE

Optional

If you wish to have anything further to be taken into consideration when determining a volunteer placement (for example: mobility issues, back problems or allergies), you may list those issues in the space provided:

References (must be adult & non-family):

1) _____ Phone: _____ Relationship: _____

2) _____ Phone: _____ Relationship: _____

Authorization and Consent

By submitting this application, I agree that the information I have provided on the form is true and accurate. Furthermore, I understand and agree that submitting this application form does not automatically register me as a volunteer. It is the policy of Golden West Centennial Lodge Volunteer Services to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or placement criteria. The above information is collected under the authority of Volunteer Services at Golden West Centennial Lodge. It will be maintained in a confidential file.

Date: _____ Volunteer Signature: _____

Parental/guardian consent is required before submitting this application.

I, (print name of parent/guardian) _____

hereby give my permission for (print name of volunteer) _____

to volunteer for Golden West Centennial Lodge. I have read and understood the Volunteer Application Form and I consent to the details of my child's volunteer records being stored by Volunteer Services in a confidential file.

NOTE: Parents may be advised of performance issues or in the event that disciplinary action should be required.

Signature of Parent/Guardian: _____

Date: _____

EMERGENCY CONTACT:

NAME PHONE NUMBER(S)

NAME PHONE NUMBER(S)

How Did You Hear About Our Program?

- Friend/Family
- Internet
- Bulletin Boards
- Other: _____