



GOLDEN WEST CENTENNIAL LODGE
VOLUNTEER SERVICES
811 SCHOOL ROAD, WINNIPEG, MB R2Y 0S8
PHONE: 204-896-2461 FAX: 204-831-0544

VOLUNTEER SERVICES APPLICATION FORM (18+)

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

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

- Help Others
- Practice English Skills
- Employment Experience
- Explore Careers
- Social Interaction
- Relative/friend volunteers
- Learn new skills
- Other

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

What do you hope to gain from your volunteer experience? _____

What type of volunteer opportunity are you interested in? _____

Previous volunteer experience: _____

Previous work 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: _____

EMERGENCY CONTACT:

NAME PHONE NUMBER(S)

NAME PHONE NUMBER(S)

How Did You Hear About Our Program?

Friend/Family Internet Bulletin Boards Other: _____

****Upon receipt of this application, you will be contacted for an interview. Criminal record checks and training can take four to six weeks to complete.****