

VOLUNTEER APPLICATION FORM

All information on this Volunteer Application Form whether submitted online or in paper directly to Riverview Health Centre will be entered to a website owned by Volgistics, Inc. and not Riverview Health Centre or the Winnipeg Regional Health Authority (WRHA). Volgistics is a third party contracted to manage and store all information on volunteers collected by Riverview Health Centre Volunteer Services, including, but not limited to: this application, personal information, volunteer assignments, service hours, awards, etc. Volgistics currently stores this information on servers located outside of Canada; this information will be subject to the laws of the country where it is kept.

Riverview Health Centre and the WRHA are not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Volgistics website. Information about Volgistics' Security Features, Privacy Policies and Terms of Use can be found on its website at www.volgistics.com.

Mr. Mrs. Miss. Ms. Other Last Preferred Name First Name Apt. No. City/Town Province Postal Code Code	
Name First Name Apt. No. City/Town Province Postal Country	
First Name Apt. No. City/Town Province Postal Country	
Name Apt. No. City/Town Province Postal Country	
Apt. No. City/Town Province Postal Country	
Province Postal Country	
Province Postal Country	
Business Cellular	
I prefer to receive calls at Home Business Cell	
Best time to contact me	
Are you between the ages of 15-17 18-29	
30-39 40-49 50+	·

Education

Formal education is **not** required to be a volunteer. We welcome experience of all kinds!

	Yes	No	
Highest Level of Education	Name of		
Obtained	School		
Are you volunteering for	Yes	No	
Academic Credit			
Number of hours required	Completion		
	Date		

Employment History

Currently I am:

Employed	Unemploye	ed	Retired	Other		Student
Company Name/Em	ployer	Your Jo	b Title	From (M/Y)	To (M/Y)	Reason For Leaving
				(, ,	, ,	

Volunteer Work

Please list organizations that you currently are volunteering for or have volunteered for in the past including: community clubs, schools, religious organizations, professional associations, non-profit organizations, sporting organizations, etc.

Organization	Your Responsibilities	From (M/Y)	1	To (M/Y)	R	eason For Leaving
						1
			Yes		No	
If yes, When?						1

Which of our 3 basic areas are you interested in?

Please check one.

Patient Care Programs	Revenue Generating Programs	Support Services Programs
(e.g., Patient Care, Recreation, Visiting)	(e.g., Gift Shop)	(e.g., Clerical)
=:		

Check the skills and experience you have to offer:

Clerical, Organizational	Experience with the Elderly
Health Care	Languages Spoken (please specify)
Computer, Technology	
Communication Skills	
Play an Instrument	Other (please specify)
Retail Experience	
Recreation, Coaching	
Food Handling/Service	

How ala you Jina out about our ve	oiunteer program?	

Check your reason(s) for volunteering:

Employment Experience	Practice English Skills
Explore Careers	Referred by Medical Profession
Learn New Skills	Stay Active and Involved
Help Others	Other (specify)
Social Interaction	
Relative/Friend Volunteers	

Availability:

Please indicate your availability for shifts by placing a start time and end time in the appropriate box(es).

	Monday	Tuesday	Wedn	esday	Thursday	Friday		Saturday	Sunday
Morning									
Afternoon									
Evening									
How long a o	commitment a	re you prepared	d to	3 montl	ns	6 months		1 year +	
How many t	imes per week	would you like	to	1 shift	t			2-3 shifts	
Are you inte projects or e		nteering for spe	cial	Yes			No		
	the times of th	e year you are vacation	not						

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:

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

Exit Interview

Mrs. Mrs. Mrs. Miss. Preferred Name	ivir.	D. A	0.4:		N.A	Oth
References Ref	Loct	IVITS.	IVIISS.	Droforrad	IVIS.	Other
Business Business Other						
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