



## **VOLUNTEER APPLICATION FORM**

Date: \_\_\_\_\_

### **Demographic Information**

Title:  Mr.  Mrs.  Ms.

Pronouns:  She/Her  He/Him  They/Them

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_ City/Town \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Business: \_\_\_\_\_

I prefer to receive calls at:  Cell  Home  Business Best time: \_\_\_\_\_

Birthdate if under 18 years of age: \_\_\_\_\_

**NOTE: A Guardian Awareness Statement must be completed by applicants 16 years or younger.(see page 4)**

### **Volunteer Interests**

Are you receiving credit for your volunteer work?  Yes  No

Required # of hours \_\_\_\_\_ By when? \_\_\_\_\_

What type of volunteer work are you interested in?

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What are your personal goals for the volunteer experience? (What do you hope to get out of the experience?)

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Please describe any related work experience, education, skills, or volunteer experience that would assist you in volunteering at RCC.

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### Availability

Please check the preferred time periods that you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many times per term would you like to volunteer?

Once  2-3  4+

Fall (September-November)

Winter (December – February)

Spring (March-May)

Are there times of the year you are not available to volunteer?(ie. Vacation, travel)

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## Volunteer Programs

### LIFE Program

LIFE (Leisure in Fun Environments) Program is a therapeutic recreation program for children and youth with physical and/or developmental disabilities in Manitoba, up to the age of 20. We run weekend and evening programs for teens primarily out of the SSCY Centre. One of the main programs is Saturday Night for Teens, a parent-free evening of cooking, games, socializing, and crafts. Other programs include our Friday Supper Club- where families come to cook a meal together, Teen Social Calendar- consisting of game nights, bake-offs, craft nights, etc. , or our after-school cooking clubs.

### Stepping Out On Saturdays – Saturdays from 10am-3pm

The Stepping Out on Saturdays Manitoba (SOS) program is a day respite camp for children with an FASD diagnosis. It is funded by Manitoba Family Services (Healthy Child). This program is for children between ages 5 – 12 who have a diagnosis within the FASD spectrum or suspected FASD with confirmation of prenatal alcohol exposure, who are in care or involved with child welfare. The program gives children a fun and safe way to learn and practice social skills and learn about self-regulation. An occupational therapist runs the SOS MB program. They plan the camp activities and are available to help families outside of the program day.

### **Other volunteer opportunities if available**

## Health Information

Please list any intellectual or physical disabilities or health problem which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a volunteer placement.

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

Name: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Guardian Awareness for Applicants Under 16 years of age:

I, \_\_\_\_\_ hereby given my permission for \_\_\_\_\_  
*(print name of guardian)* *(name of volunteer)*

To volunteer at the Rehabilitation Centre for Children.

Date \_\_\_\_\_

\_\_\_\_\_  
*(signature of guardian)*

## References

Please list three current references such as past/present employers, teachers/instructors, youth group leaders, colleagues or supervisors from a volunteer experience. We also accept signed reference letters that are current and on the organization's letterhead.

**Please ensure you have the correct phone number of your three references.**

Name	Organization	How do you know this person?	Day-time Phone number

**I hereby authorize the Volunteer Coordinator of the Rehabilitation Centre for Children to contact the above names references to ascertain my sustainability as a volunteer. I hereby release RCCC from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer Coordinator 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.**

**Disclaimer:** Because we take our responsibility for patients seriously, we screen all our applicants thoroughly. While we try to place every prospective volunteer, management reserves the right to reject any applicant.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_