



Eden Health Care Services Volunteer APPLICATION

Box 129, 309 Main St.
Winkler, MB R6W 4A4
Phone: (204) 325-4325 (ext. 3253)
Fax: (204) 325-8742
Email: iklassen@edenhealthcare.ca

Date: _____

Name: _____
Surname Given Names

Address: _____
P.O. Box/Street Address City/Town Province Postal Code

Email: _____

Phone: _____
Home Business Cell

I prefer to receive calls at: Home Business Cell Best time to call: _____

Education: Formal education is *not* a requirement to be a volunteer. We welcome applicants of various education and experience.

- Student _____
Grade Completed Name of School Graduation Date (Mm/yyyy)
- Elementary/High School _____
Grade Completed Name of School Graduation Date (Mm/yyyy)
- University/College _____
Location Degree/Course of Study Graduation Date (Mm/yyyy)
- Other (please specify) _____
Graduation Date (Mm/yyyy)

Are you receiving education credits for volunteering? Yes No

Are you receiving monetary credit for volunteering? Yes No

If yes, please specify _____
School/Agency/Organization

Required Hours: _____ Time Frame to complete assignment: _____

Work Experience:

Currently: Employed Unemployed Retired Household Manager

Employment History:

Current/Employer _____ Job Title _____

Previous Employment _____ Job Title _____

Volunteer Experience:

Organization _____ Job Description _____ From: Mm/yyyy _____ To: Mm/yyyy _____

Organization _____ Job Description _____ From: Mm/yyyy _____ To: Mm/yyyy _____

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Languages: _____
Primary Spoken _____ Secondary _____

Special Interests/Skills/Hobbies: _____

Reasons for Volunteering: _____

Job Preference: _____

Time Available to Volunteer: daytime evening weekends

Driver's Licence: Certain volunteer positions involve vehicle transportation of patients/clients.

I currently possess a valid, unrestricted Manitoba driver's license. Yes No

References:

| Name | Relationship | Contact Information |
|------|--------------|---------------------|
|------|--------------|---------------------|

| Name | Relationship | Contact Information |
|------|--------------|---------------------|
|------|--------------|---------------------|

**** Please read the following carefully before signing this application ****

“I _____ **(Print your name)** confirm that the information in this volunteer application is complete and true.

I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement, or if I am a volunteer of Eden Volunteer Program, may be cause for immediate termination.

I understand that a Criminal Record Check including a Vulnerable Sector Verification, an Adult Abuse Registry Check and a Child Abuse Registry Check will be required for any volunteer positions where the volunteer will be working one-on-one with a patient/client.

I understand that a copy of my Manitoba driver’s licence will be required for any position where I may be transporting patients/clients and that it is the responsibility of the volunteer to notify the Coordinator of Volunteers of any change in the status of my unrestricted Manitoba driver’s licence thereafter.

I authorize Eden Volunteer Services to contact my current employer and references listed and give permission to these references/current employers to release all relevant information requested.”

Signature: _____ **Date:** _____

Office Use Only:
