 **Please return completed form to:**

New Directions Volunteer Services

500-717 Portage Ave, Winnipeg, MB. R3G OM8

PH: 204.786.7051 FAX: 204.774.6468

Email: [volunteer@newdirections.mb.ca](mailto:volunteer@newdirections.mb.ca)

**VOLUNTEER APPLICATION FORM**

All information on this Application Form will be entered to a website owned by Better Impact and not New Directions. Better Impact is a third party contracted to manage and stores all information on volunteers collected by New Directions Volunteer Services, including, but not limited to: this application, personal information, assignments, service hours, awards, etc. Better Impact stores this information on servers located inside of Canada this information will be subject to the laws of the country where it is kept. New Directions is not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Better Impact website. Information about Better Impact’s Security Features, Privacy Policies and Terms of Use can be found on its website at [www.betterimpact.ca](http://www.betterimpact.ca).

Date: Click or tap here to enter text.  Mr.  Miss  Ms.  Mrs.

Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text.

Middle Name: Click or tap here to enter text. Preferred Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Are you over 18 years of age?  Yes  No

**Interest Areas:** Please check where you would like to volunteer

mentor adults and youth

youth recreation/kids activities

fundraising and special events

cooking

administration/reception

maintenance

helping with digital content including design and video

**Availability** Please check the preferred time period(s) that you are able to volunteer

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday | | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | Sunday |
| Day | | Evenings | Day | Evenings | Day | Evenings | Day | Evenings | Day | Evenings | Day | Day |
|  |  | |  |  |  |  |  |  |  |  |  |  |

**Optional**

If you wish to have anything further 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:

Click or tap here to enter text.

What to expect when you apply to become a New Directions Volunteer

Applying to volunteer is much like applying for a job. We take many factors into consideration before accepting volunteers to assist with New Directions service areas. Because we take our responsibility for participants seriously, we screen all applicants thoroughly. Completing your application as thoroughly as possible will help us assess your suitability for volunteering in a health care environment.

Once our office receives your application, a New Directions Volunteer Services staff member will call you to arrange a date and time for an interview and will ask you to submit two (2) references at the time of the interview. The interview is one way of finding out more about you and your interests.

During the interview, feel free to ask any questions you may have about volunteering with New Directions. We will also discuss expectations of volunteers and the importance of confidentiality. Depending on the volunteer role(s) that you are interested in, a criminal record check, a Child Abuse Registry and Adult Abuse Registry check may be required. You will be notified of any required checks during your interview.

If a successful match is made between your skills and abilities and an available position, New Directions Volunteer Services staff will offer you a volunteer position. If you decide to accept the offer, a start date will be determined.

All New Directions volunteers must attend the volunteer orientation, have their photo taken for photo ID; and have all forms signed before volunteering. You will then receive specific training for your volunteer position on your first shift. You are now ready to begin volunteering!

**If you have any questions, feel free to contact New Directions Volunteer Services at 204.786.7051 or** [**volunteer@newdirections.mb.ca**](mailto:volunteer@newdirections.mb.ca)

**References**

If you are interviewed as a potential volunteer, you will be asked to provide two (2) references. Please note that references from family members or from personal friends will not be accepted, **unless you were employed by them.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference** | **Name** | **Email** | **Telephone Number** |
| **Reference 1** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Reference 2** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**For Office Use Only**

|  |  |  |
| --- | --- | --- |
| **Screening** | **Notes** | **Date Completed** |
| Follow-Up |  |  |
| Interview Date/No longer interested |  |  |
| Criminal Record Check  Receipt Given: | Deposit Given: | Deposit Returned: |
| Child Abuse Registry Check |  |  |
| Adult Abuse Registry Check |  |  |
| Confidentiality |  |  |
| Orientation of New Directions |  |  |
| Area of Placement |  |  |
| Start Date |  |  |
| Notes:  Welcome Email  Calendar Reminder  First Day Feedback |  |  |

**Emergency Contact**

Please list who you would like us to contact, in case of an emergency

Name:Click or tap here to enter text.

Phone: Click or tap here to enter text.

**Release Form**

I hereby grant New Direction the right to use:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s

**Please print participating person’s name**

In all forms of media (this may include but is not limited to: Photo ID, T.V., video, print, newspaper, New Directions’ website, social media channels, photographs) for safety, educational, promotional and recognition purposes of New Directions and its service areas.

I understand that a representative from New Directions must inform me in advance of any other projects that are being worked on where the participant’s image will be used and that I have the right to request a new release form at any time to change the release status at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of participants Signature of witness

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Print name of participant Print name of witness

**Authorization and Consent**

By submitting this application, I agree that the information I 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 New Directions 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. I consent to this information and information about my volunteer work with New Directions to be maintained on the Better Impact website and absolve and release New Directions from all and any liability that may otherwise accrue by reason of keeping this information on the Better Impact website and using this information for the New Directions purposes.

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

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