



Thrive
 Community Support Circle
 204.772.9091

Volunteer Application

Date: _____ Phone Number: _____

Name: _____

Present Address: _____

Postal Code: _____ Email: _____

In case of emergency, please notify: _____

Phone Number: _____ Phone Number: _____

Age Category: 18 and older 16-17 years old 12-15 years old Under 12

What volunteer positions are you interested in?

- Cashier -TTS * Thrift Shop
- Pricer -TTS * Thrift Shop Warehouse
- Sorter – TTS * Thrift Shop Warehouse
- Resource Centre Assistant – TRC * Resource Centre
- Child Care Assistant – TCC * Daycare

Is there any specialized work you would like to do for us? _____

For example, in the past volunteers have helped facilitated programs and workshops, knitted layettes, tested electronics in the thrift shop, helped with administration and/or helped with repair and maintenance.) If so, please describe:

How did you hear about the volunteer opportunities at Thrive Community Support Circle? _____

Will you require parking? Yes No License Plate: _____

Previous Related Experience: _____

Relevant Skills/Training/Education: _____

Languages other than English: _____

Speak

Write

Read

When are you available to volunteer? (Please check the dates and times you are available.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

Do you have any health, safety, or legal concerns that you wish to be taken into consideration before your volunteer placement?

Have you read and do you think you could work within our philosophy? _____

Will you need forms signed for any kind of program (School, EIA, Fine Options, etc.)? Yes No
If yes, which one? How many shifts or hours does your program require, and what is the deadline for completion (if applicable)?

As a matter of procedure, we screen all prospective volunteers. Are you willing to provide us with a Criminal Record Check and/or Child Abuse Registry Check, and/or to complete a Disclosure Statement listing all offenses and charges, if requested? Yes No If yes, which one(s)

Are there any convictions or charges you wish to disclose before moving forward? _____

(The existence of a criminal record will not necessarily prevent a person from volunteering. A decision will be made based on the recency of the offenses and their relevancy to the position.)

Please list at least 2 references (references can be professional or personal, but should not be family members), and provide their phone numbers.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

I hereby grant permission for Pregnancy and Family Support Services Inc. to contact any or all of the above references. I understand that references are confidential and waive the right to see them.

Signature: _____

Date: _____

