



Thrive
Community Support Circle
204.772.9091



Name _____

Present Address _____ Postal Code _____

Phone Number _____ Email: _____

In case of emergency, please notify _____

Phone numbers _____ or _____

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

What volunteer positions are you interested in?

- Resource Centre Assistant
- Office Assistant (Administrative Office)
- Program and Activity Assistant
- Agency Delivery & Errand Driver (All sites)
- Layette Program (Welcome Baby)
- Repair and Maintenance (All sites)
- Is there something you'd like to do for us? _____

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

Previous Related Experience _____

Related 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.)? If yes, which one? _____

How many shifts or hours does your program require: _____

What is the deadline for completion (if applicable)? _____

As a matter of procedure, we screen all prospective volunteers; you may have to provide us with Criminal Record Check: _____

Child Abuse Registry Check _____

Complete a Disclosure Statement listing all offenses and charges _____

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 offense 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: _____

3. Name: _____ Phone: _____

I hereby grant permission for Thrive Community Support Circle Inc. to contact any or all the above references. I understand that references are confidential and waive the right to see them.

Signature: _____ Date: _____

