



Brandon Literacy Council Inc. – Volunteer Application

Date of Application:	Year	Month	Day
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Personal Information

First Name:		Middle Name:		Last Name:	
Maiden or Previous Name:			Gender:	Date of Birth: Year Month Day	
Phone: (home)			Phone: (cell)		
Email Address:					
Address:			City / Province / Postal Code:		
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email			Referral Source:		
Photo Identification Number: (Driver's License, Passport, Permanent Resident Card, etc.)				Expiry Date: Year Month Day	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student / Visitor / Work Visa		Country of Origin:	First Language:	Arrival Date: (if applicable) Year Month Day	

Emergency Contact Information

Contact person (s) in case of emergency. If possible, please include at least one contact person that resides outside your residence.

Name	Relationship	Phone

Personal Medical Information

Do you have any severe allergies or other medical conditions that we should be aware of?			Yes		No	
Are you taking any medications that we should be aware of?			Yes		No	
If yes to either question above, please list and explain (i.e.; seizures, diabetes, physical disability, phobias, mental health problems, medications, etc.)						
MB Health Registration No.: (Family Medical - 6 digits)		Personal Health Identification No.: PHIN (Personal Medical - 9 digits)				
Other Health Insurance Provider Name: (if applicable)			Policy No.:			

Academic History

K – 12 Education	
Post-Secondary Education	
Languages Known (other than English)	
Computer Skills	
Special Skills Other Interests	

Employment History

<input type="checkbox"/> Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Not Employed <input type="checkbox"/> Looking for work <input type="checkbox"/> Not looking for work	Main source of income:
		Previous employment:

Volunteer Goal

Main Reasons for Wanting to Volunteer: (check all that apply)

<input type="checkbox"/> Desire to help others	<input type="checkbox"/> Interest in community involvement
<input type="checkbox"/> Gain experience and develop skills	<input type="checkbox"/> Establish work record and build resume
<input type="checkbox"/> Meet people and network	<input type="checkbox"/> Other: _____

Volunteer Experience You Are Seeking: (check all that apply)

<input type="checkbox"/> Working with in-class learners	<input type="checkbox"/> Resource development
<input type="checkbox"/> Working with remote learners (on-line)	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Preparing Correcting learner assignments	<input type="checkbox"/> General maintenance
<input type="checkbox"/> Clerical Office Administration	<input type="checkbox"/> Other: _____

Availability

Date Available to Start:	Year	Month	Day
<input type="checkbox"/> Monday 9:00 a.m. – 5:00 p.m. <input type="checkbox"/> Tuesday 9:00 a.m. – 8:00 p.m. <input type="checkbox"/> Wednesday 9:00 a.m. – 5:00 p.m. <input type="checkbox"/> Thursday 9:00 a.m. – 8:00 p.m. <input type="checkbox"/> Friday 9:00 a.m. – 5:00 p.m.	<input type="checkbox"/> Regularly – once or twice a week <input type="checkbox"/> Regularly – once a month <input type="checkbox"/> Occasionally – as needed <input type="checkbox"/> Projects – one to three months <input type="checkbox"/> Special events		

Application Checklist

<input type="checkbox"/> Application Form	<input type="checkbox"/> Child Abuse Registry Check	<input type="checkbox"/> Criminal Record Check w/ Vulnerable Sector Check
<input type="checkbox"/> Reference Check Form	<input type="checkbox"/> Adult Abuse Registry Check	<input type="checkbox"/> Employee / Volunteer Consent Form

Entered by: _____ Date: _____ Checked by: _____ Date: _____