

# Brandon Literacy Council Inc. – Volunteer Application

**Date of Application:**

Year

Month

Day

## 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:** ☐ Home Phone ☐ Cell Phone ☐ Email

**Referral  
Source:**

**Photo Identification Number:**

(Driver's License, Passport,  
Permanent Resident Card, etc.)

**Expiry  
Date:**

Year

Month

Day

- ☐ Canadian Citizen  
☐ Refugee  
☐ Permanent Resident  
☐ 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.:**

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## Academic History

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

## Employment History

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

## Volunteer Goal

<b>Main Reasons for Wanting to Volunteer:</b> (check all that apply)	
<input type="checkbox"/> Desire to help others <input type="checkbox"/> Gain experience and develop skills <input type="checkbox"/> Meet people and network	<input type="checkbox"/> Interest in community involvement <input type="checkbox"/> Establish work record and build resume <input type="checkbox"/> Other: _____
<b>Volunteer Experience You Are Seeking:</b> (check all that apply)	
<input type="checkbox"/> Working with in-class learners <input type="checkbox"/> Working with remote learners (on-line) <input type="checkbox"/> Preparing   Correcting learner assignments <input type="checkbox"/> Clerical   Office   Administration	<input type="checkbox"/> Resource development <input type="checkbox"/> Fundraising <input type="checkbox"/> General maintenance <input type="checkbox"/> Other: _____

## Availability

<b>Date Available to Start:</b>	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. – 8:00 p.m. <input type="checkbox"/> Thursday 9:00 a.m. – 4:00 p.m. <input type="checkbox"/> Friday 9:00 a.m. – 4:00 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: \_\_\_\_\_