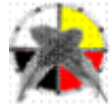


Onashowewin Inc.



1760 Main St. Winnipeg, MB R2V 1Z7 Phone: (204)336-3600 Fax: (204)336-3610
E-mail: onashowewin@onashowewin.com

VOLUNTEER APPLICATION

Check one or more: Co-facilitator Clerical/Administrative
 Special Events Other_____

Name:_____
Date:_____
Address:_____
City:_____ Province:_____
Postal Code:_____
Phone Number: Home:_____ Work:_____
Other:_____
DOB:_____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
E-Mail Address:_____

Aboriginal Status: First Nation Metis Inuit Non-Aboriginal

Contact person in case of emergency:

Name:_____ Relationship:_____

Phone Number:_____

Education: Please check last year completed:

High School 9 10 11 12

School Name:_____

College/University:_____

Current and Previous Employer: Name, Job, Title

1. _____

2. _____

3. _____

Previous Volunteer Experience: _____

Other group involvement: (Clubs, Churches, Professionals Organizations, Service Groups):

What do you hope to gain from volunteering? _____

Why have you decided to volunteer at this time? _____

Hobbies, Special Interests, Skills? _____

How did you learn about Onashowewin? _____

Are you willing to undergo a criminal records check and child abuse registry check? Yes No

Do you have a Manitoba Drivers License? Yes No Class _____

Can you commit to 4 hours a week for 6 months after training? Yes No

Personal Reference: *Name, Address, Phone Number (list two)*

1. _____
2. _____

Availability			
Monday	<input type="checkbox"/> 8-12 AM	<input type="checkbox"/> 1 – 5 PM	<input type="checkbox"/> 5 – 9 PM
Tuesday	<input type="checkbox"/> 8-12 AM	<input type="checkbox"/> 1 – 5 PM	<input type="checkbox"/> 5 – 9 PM
Wednesdday	<input type="checkbox"/> 8-12 AM	<input type="checkbox"/> 1 – 5 PM	<input type="checkbox"/> 5 – 9 PM
Thursday	<input type="checkbox"/> 8-12 AM	<input type="checkbox"/> 1 – 5 PM	<input type="checkbox"/> 5 – 9 PM
Friday	<input type="checkbox"/> 8-12 AM	<input type="checkbox"/> 1 – 5 PM	<input type="checkbox"/> 5 – 9 PM
Saturday	<input type="checkbox"/> 8-12 AM	<input type="checkbox"/> 1 – 5 PM	<input type="checkbox"/> 5 – 9 PM
Sunday	<input type="checkbox"/> 8-12 AM	<input type="checkbox"/> 1 – 5 PM	<input type="checkbox"/> 5 – 9 PM

Resume attached: Yes No

Please Mail/Fax or Email to:
Onashowewin Inc.
1760 Main Street
Winnipeg, MB
R2V 1Z7
Attn: Volunteer Co-ordinator
Fax Number: (204) 336-3610
Email: rhead@onashowewin.com
Or stop in and drop off the application to the address listed above