



Office Use Only

File Number

Manitoba Child Abuse Registry	Police Criminal Record	Confidentiality Agreement
First Contact		

N.E.E.D.S. Inc. Volunteer Application Form

Please print

Last name		First name	
Address			
City	Province	Postal Code	
Telephone			
Cell	Fax	Home	Work
Email	Female	Male	Date of Birth (YYYY-MM-DD)
Languages Spoken			Country of Origin

Résumé attached Yes / No If No, list employment history:

Company name	Position held	From (date) To (date)	Volunteer or Paid Work

If résumé not attached, list Education:

Name of School, College or University	From (date) To (date)	Completed or In-process	Certificate or Diploma

Special skills and talents or significant accomplishments

References

Name and Title	Address	Phone Number	Organization/Company



Place a check mark in the appropriate column(s)

Children (6-12)	Youth (12-18)	Area(s) of interest
		Conversational English
		Tutor/Academic Support for Math
		Tutor/Academic Support for English
		Tutor/Academic Support for Science
		Clerical/Administrative Support
		Student/Practicum Placement
		Other (describe)

Specific Program (place check beside your choice(s))

Intro to Education	8:30-12:30		Notes:
Youth After School	4:00-8:00		
Employment	varied		
CP Youth Mentor	varied		
CP Activity Worker	12:30-3:30		

Available number of hours (per week)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Available months

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

_____ Date

_____ Signature

Please note: Only those volunteers who are accepted will be contacted. Thank you!