



Office Use Only

File Number

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Manitoba Child Abuse Registry	Police Criminal Record	Confidentiality Agreement
First Contact		

## N.E.E.D.S. Inc. Crime Prevention Mentorship Volunteer Application Form

Which Mentorship Program are you applying for: ( ) One-on-One Mentorship ( ) Family Mentorship

### 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

### Alternate Contact (not residing with you, in case of address change):

Last name		First name	
Address		Phone Numbers (home/cell)	
City	Province	Postal Code	

### Household Members

Name	D.O.B (YYYY-MM-DD)	Sex (male/female)	Interests

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

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



**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**


**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

**References**

Name and Title	Address	Phone Number	Organization/Company
1.			
2.			
3.			

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



Pre-Interview Questionnaire

Do you own or have regular access to a vehicle? \_\_\_\_\_

Does your vehicle have passenger airbags? \_\_\_\_\_

If not, what Bus Routes are you on? \_\_\_\_\_

Is your driver's license and registration valid and up to date? \_\_\_\_\_

Have you ever been charged with any traffic violations? \_\_\_\_\_

Members of your household including children (Name/Age/Sex):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a police record now? ( ) Yes ( ) No

If yes, please specify offence and date: \_\_\_\_\_

\_\_\_\_\_

What level of education have you achieved?

\_\_\_\_\_

Last School/University attended

Date

\_\_\_\_\_

\_\_\_\_\_

Other Places of Employment (include past 5 years & approximate dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever previously applied at a mentoring agency? If yes, please specify which agency and when.

\_\_\_\_\_

\_\_\_\_\_

Are you anticipating any changes in your life in the next year that may impact your match (e.g. marital status, living arrangements, employment, children, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you foresee a job change? (explain)

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What is your work schedule? \_\_\_\_\_

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Do you own firearms? \_\_\_\_\_ If so, how/where are they stored? \_\_\_\_\_

Do you have any pets? If so, how many and what kind?

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If so, how do your pets relate to children? \_\_\_\_\_

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Do you have asthma, allergies or other chronic health problems?

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I acknowledge and certify that the information provided above to be true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Newcomers Employment and Education Development Services (N.E.E.D.S.) Inc.  
CODE OF CONFIDENTIALITY AGREEMENT

All volunteers at N.E.E.D.S. Inc. are required to sign a Confidentiality Agreement before starting to work as a volunteer.

**CODE**

As a volunteer involved with clients, children, participants, staff and students at N.E.E.D.S. Inc.:

1. I will:  
Respect clients', participants', staff and students' rights to total privacy concerning the details of their lives such as: family names, addresses, private telephone numbers, fax, email, family background, religion, nationality, workplace, business, income, political affiliation and personal experiences in a war-affected country.
2. I understand:  
That while volunteering at N.E.E.D.S. Inc., I will keep confidential all information about activities, participants, children, clients' cases, staff and students. I understand that this agreement continues even if I am no longer connected with N.E.E.D.S. Inc.
3. I am aware that:  
I am liable for my actions in the work place or in public places and any breach of this agreement between N.E.E.D.S. Inc. or between clients/students/staff and participants and me will warrant termination of my services.

\_\_\_\_\_  
Volunteer's Name  
(Please Print)

\_\_\_\_\_  
N.E.E.D.S. Inc. Executive Director  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date