



FILE NUMBER: _____

N.E.E.D.S. INC. Ukraine Response VOLUNTEER APPLICATION FORM

First Name			
Last Name			
Mailing Address			
City/Province		Postal Code	
Cell Phone			
Home Phone			
E-mail			
Date of Birth <small>(YYYY-MM-DD)</small>		Gender	
Resume Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>		

ADDITIONAL LANGUAGES	
Languages Spoken	
Country of Origin	
LANGUAGE ASSISTANCE SUPPORTS	
Are you comfortable in providing language assistance to clients?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list languages you are able to interpret in	
Please list interpretation trainings/certifications received	
Do you have previous experience interpreting for or providing language assistance for the indicated languages?	Yes <input type="checkbox"/> No <input type="checkbox"/>
TRANSLATION SUPPORTS	
Are you comfortable in providing translation to clients?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list languages you are able to translate in	

Please list translation trainings/certifications received	
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TRANSPORTATION	
Are you comfortable providing transportation to clients <small>(e.g. driving a client to and from an appointment)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a valid Class 5F Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to an insured vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you comfortable providing transportation to unvaccinated individuals?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Volunteer Activities			
<i>Please check all volunteer activities you are interested in supporting with</i>			
Interpretation	Yes <input type="checkbox"/>	Translation	Yes <input type="checkbox"/>
Youth Programs	Yes <input type="checkbox"/>	Other	Yes <input type="checkbox"/>

Availability							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00-12:00							
13:00-16:00							
16:00-21:00							
21:00-24:00							

REFERENCES			
<i>At least one professional reference required</i>			
Name and Title	E-mail	Phone Number	Organization/Company

Emergency Contacts			
First/Last name	E-mail	Phone Number	Relationship

N.E.E.D.S. Inc. is triaging volunteers (processing, matching, etc.) for community agencies in the city of Winnipeg working to support the resettlement of Ukrainians. I, _____, give permission for N.E.E.D.S. Inc. to share the above information as well as any processing documents (i.e. Child Abuse Registry Check, etc.) required with community agencies needing support with the above volunteer activities I indicate to support the Ukraine influx into Winnipeg.

Date

Signature