

MANITOBA DEVELOPMENTAL CENTRE

Box 1190

Portage la Prairie, Manitoba R1N 3C6

This information is available in alternate formats, upon request.

VOLUNTEER SERVICE APPLICATION
Confidential

NAME	PHONE: (Home)	(Business)
		(Cell)

ADDRESS:

(Email)

If you are under 18 years of age we require consent from a parent/guardian:

Name of Parent/Guardian: _____

Address: _____

Phone #: _____

TIME AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Do you have a valid driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> Class <input type="checkbox"/> No	Have you ever worked at the Manitoba Developmental Centre before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and where? _____ _____
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Paid Work Experience:	Volunteer Work Experience:

Special Skills, Training, Interests, Languages, etc.

How did you hear about the Volunteer Program?

What are your reasons for volunteering? *(Provide as much detail as possible)*

In case of an emergency contact: _____

Reference(s)

1. Name: _____
Address: _____
Phone #: _____

2. Name: _____
Address: _____
Phone #: _____

Certification Consent

I hereby certify that all statements or information made or furnished by me in this application, or to be given during any interview or interviews with staff of the Department, are true and accurate to the best of my knowledge.

AND I expressly consent to the Department verifying any or all such statements and information for this purpose, and for the purpose of obtaining any other information the Department may deem necessary in assessing my application, the Department may contact any person, firm, organization or government (federal, provincial or municipal) who are hereby authorized to provide such verification or other information to the Department and in so doing this shall be their full and sufficient authority without liability or recourse against them on my part.

SIGNATURE: _____

WITNESS: _____

DATE: _____

IF APPLICANT IS UNDER 18, PARENT OR GUARDIAN MUST COMPLETE AND SIGN BELOW:

I, _____
(please print your name in full)

of _____
(mailing address)

am the parent or lawfully appointed guardian of the Applicant. I am fully aware and understand the nature of the volunteer services that the Applicant has applied for and hereby consent to his/her undertaking same with the Department. I agree that if I have any questions or concerns relating to the volunteer services to be provided by the Application that I will promptly bring same to the attention of: VOLUNTEER SERVICES, MANITOBA DEVELOPMENTAL CENTRE or by telephoning (204) 856-4240

SIGNATURE: _____
(Parent or Guardian)

DATE: _____

MEDIA RELEASE

I hereby grant the Manitoba Developmental Centre (MDC) the right to use my image in all forms of media (this may include but is not limited to: photo ID, T.V., video, print, newspaper, MDC website, social media channels, photographs) for safety, educational, promotional and recognition purposes of the MDC and its programs and services.

I understand that a representative from MDC must inform me in advance of any other projects that are being worked on where the participant's image will be used and that I have the right to request a new release form at any time to change the release status at any time.

SIGNATURE: _____ DATE: _____

PROTECTION OF PRIVACY AND THE COLLECTION OF PERSONAL INFORMATION

The personal information which you are requested to provide, is being collected to administer the Manitoba Developmental Centre's Volunteer Program and its collection is necessary to provide you with a volunteer opportunity.

This personal information is protected by the Protection of Privacy provisions of the *Freedom of Information and Protection of Privacy Act*, and under the *Personal Health Information Act*.

If you have any questions about the collection of personal information, please contact:

Access & Privacy Coordinator
Family Services
840-3rd Street NE
Portage la Prairie, MB
Telephone: (204) 856-4238