



Winnipeg Regional Health Authority  
Office régional de la santé de Winnipeg

# Winnipeg Regional Health Authority (WRHA) Volunteer Application Form

Please visit our website for a [current list of openings](#).

Please complete this application form if you are interested in becoming a Winnipeg Regional Health Authority volunteer. This application form is specifically for Community Health and Corporate Services programs including Breast Health Centre and Pan Am Clinic. **If you are interested in volunteering at a hospital, please refer to their website for application process.** Once you complete the application, please click the submit button at the end of the form, this will automatically forward your application to the WRHA Volunteer Services Office.

If you prefer a paper or PDF application, please contact Volunteer Services [wrha\\_volunteer@wrha.mb.ca](mailto:wrha_volunteer@wrha.mb.ca) or 431-334-3852.

Only prospective applicants will be contacted for an interview. **Applications are kept on file for 3 to 6 months from date of receipt.**

## Contact Information

Please remember to include your area code with your phone number.

First Name *	Last name *		
Preferred Name	*Which age group do you fall under? *		
Type *			
Mailing Address *			
City *		Province *	Postal code *
Phone number *	Mobile phone		
Email address			
Languages Spoken *			
Status (employed, student etc.) *			

## What volunteer role(s) are you applying for?

Please indicate.

## Availability

Please indicate the days and times you are usually available to volunteer. We typically do not offer volunteer opportunities during evenings and weekends.

Monday

Tuesday

Wednesday

Thursday

Friday

How often are you willing to volunteer?

## Community Area/Location Preference

Please check the area(s) where you'd like to volunteer.

Community Area/Location Preference \*

- Assiniboine South/St. James
- Downtown/Point Douglas
- Fort Garry/River Heights
- Inkster/Seven Oaks
- River East/Transcona
- St. Boniface/St. Vital

## Volunteer Experience

Please indicate the organizations that you currently are volunteering for or have volunteered for in the past including health care facilities, community clubs, schools, religious organizations, professional associations, non-profit organizations, sporting organizations, etc.

**1**

Organization

Title/Role

Reason for Leaving

**2**

Organization

Title/Role

Reason for Leaving

**3**

Organization

**4**

Organization

Title/Role

Title/Role

Reason for Leaving

Reason for Leaving

## Main Reason for Volunteering

Please check the reason(s) you would like to volunteer.

Main Reason for Volunteering \*

- Academic Credit
- Help Others
- Practice English Skills
- Stay Active and Involved
- Contribute to Healthcare
- Increase Self-Esteem
- Referred by Medical Profession
- Employment Experience
- Learn New Skills
- Relative/Friend Volunteers
- Explore Careers
- Other
- Social Interaction

## Education

Formal education is not required to be a volunteer. We welcome experience of all kinds!

Highest Level of Education

Name of School

## Employment History

Please indicate the organizations that you are currently working for or have been employed by in the past.

**1**

**2**

Organization

Organization

Title/Role

Title/Role

Reason for Leaving

Reason for Leaving

## Skills and Experience

Please check the skills and experience you have to offer.

Skills and Experience \*

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Clerical/Organizational     | <input type="checkbox"/> Computer/Technology              | <input type="checkbox"/> Experience with Children/Youth | <input type="checkbox"/> Experience with Community Groups |
| <input type="checkbox"/> Experience with the Elderly | <input type="checkbox"/> Facilitation / Public Speaking   | <input type="checkbox"/> Food Handling /Preparation     | <input type="checkbox"/> Health Care                      |
| <input type="checkbox"/> Research                    | <input type="checkbox"/> Safe Food Handling Certification |   |   |

## How did you find out about our program?

Please check the reason(s) you found out about the program.

How you heard about program \*

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Another Volunteer     | <input type="checkbox"/> Community       | <input type="checkbox"/> Employee of WRHA      | <input type="checkbox"/> Newspaper/TV/Radio Ad         |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Physician       | <input type="checkbox"/> Poster/Brochure/Flyer | <input type="checkbox"/> Recruitment/Information Booth |
| <input type="checkbox"/> Referral Organization | <input type="checkbox"/> Relative/Friend | <input type="checkbox"/> School                | <input type="checkbox"/> Social Media                  |
| <input type="checkbox"/> Volunteer Manitoba    | <input type="checkbox"/> WRHA Website    |  |  |

## Emergency Contact

Who would you like for us to contact in case of emergency?

First name *	Last name *
Phone number *	Mobile phone

## Diversity / Optional

We would like the opportunity to reflect the diversity of our community, you are invited to indicate if you are Indigenous, a newcomer to Canada, living with a disability or identify with any minority identity or community and /or if you wish to have anything further to be taken into consideration when determining a volunteer placement (for example: mobility issues, back problems or allergies). Please use the space provided.

## References and Disclaimer

If you are interviewed as a potential volunteer, you will be asked to provide three (3) references. Please note references from family members or from personal friends will not be accepted, unless you were employed by them.

By submitting this application, I agree that I am 18 years of age or older and the information I have provided on the form is true and accurate. Furthermore, I understand and agree that submitting this application form does not automatically register me as a volunteer. It is the policy of WRHA Volunteer Services to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or placement criteria. I consent to this information and information about my volunteer work with WRHA to be maintained on the Volgistics website and absolve and release the WRHA from all and any liability that may otherwise accrue by reason of keeping this information on the Volgistics website and using this information for WRHA purposes.

I Agree \*