



ILRC VOLUNTEER APPLICATION

Date: _____

Please Print
(NAME)

Address

PHONE #:

BIRTHDAY
DD/MM
(OPTIONAL)

START DATE:

Email: _____

GENERAL INFORMATION:

1. Where have you previously volunteered?

2. What were your jobs/tasks there?

3. What did you enjoy most in your previous volunteer assignments?

4. What did you find least enjoyable?

5. What would you consider to be the ideal volunteer job for you? Why?

6. List your skills and talents.

7. List your reasons for volunteering at the ILRC.

8. Are you interested in being placed at another volunteer job outside the ILRC?

9. What goals do you hope to accomplish by volunteering here at the Centre?

10. How did you hear of the Independent Living Resource Centre?

AVAILABILITY AND TIME:

	Monday	Tuesday	Wednesday	Thursday	Friday		
Morning							
Afternoon							

11. How long would you like your initial commitment to be?

_____ six months _____ one year _____ other

12. In order for you to volunteer at ILRC are there any special accommodations that need to be made?

13. What mode of transportation do you use?

References:

Please list two references:

Name	How do you know this person	Phone Number
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The Independent Living Resource Centre reserves the right to ask for a Criminal Record check and a Child Abuse Registry within certain programs.

Independent Living Resource Centre
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ILRC OFFICE ONLY	
Application Form	
Interview	
Orientation to PHIA	
Information package	