



West Central
Women's Resource Centre

640 Ellice Ave, Winnipeg, MB R3G 0A7 | www.wcwrc.ca
Phone: 204-774-8975 | Fax: 204-783-3173

Volunteer Application Form

PLEASE NOTE: Volunteer hiring takes place only when *multiple positions* are available.
Only applicants being considered will be contacted.

Name: _____ Pronouns: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Alternative Phone: _____

Email: _____

If no phone, where can we leave a message: _____

What is the best way/time to get a hold of you: _____

Language(s) spoken: _____

Age group: 18-25 26-45 46-54 55-69 70+

How did you find out about volunteering with WCWRC?

- | | | |
|--|--|--|
| <input type="checkbox"/> WCWRC Website | <input type="checkbox"/> School | <input type="checkbox"/> TV |
| <input type="checkbox"/> Community | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Volunteer Centre |
| <input type="checkbox"/> WCWRC Volunteer | <input type="checkbox"/> Poster/brochure/flyer | <input type="checkbox"/> Referral Organization |
| <input type="checkbox"/> WCWRC Employee | <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Attending the Centre |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other: _____ |

Why do you want to volunteer with WCWRC?

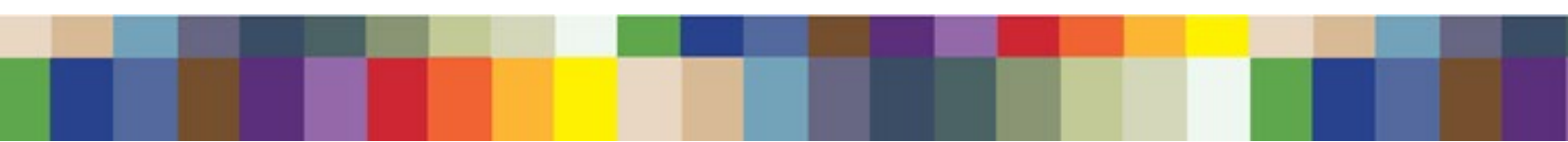
- | | | |
|---|---|---|
| <input type="checkbox"/> Believe in the work | <input type="checkbox"/> Skill Development | <input type="checkbox"/> Explore Career |
| <input type="checkbox"/> Connect with community | <input type="checkbox"/> Help others | <input type="checkbox"/> Location |
| <input type="checkbox"/> Employment Experience | <input type="checkbox"/> Have time to volunteer | <input type="checkbox"/> Other: _____ |

Check the skills and experience you have to offer:

- | | | |
|--|---|---|
| <input type="checkbox"/> Food handlers | <input type="checkbox"/> Working with community | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Basic computer skills | <input type="checkbox"/> Advanced computer skills | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Gardening | |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Community engagement | <input type="checkbox"/> Other: _____ |

Check the volunteer roles that interest you:

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> General Drop-in | <input type="checkbox"/> Gardening | <input type="checkbox"/> Food Security |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Outreach | |





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Do you have any accessibility needs or limits to your physical capabilities that you would like to inform us of (such as: medical concerns, no heavy lifting, wheelchair access, etc)?

Would you need access to our child-minding services during your volunteer hours?

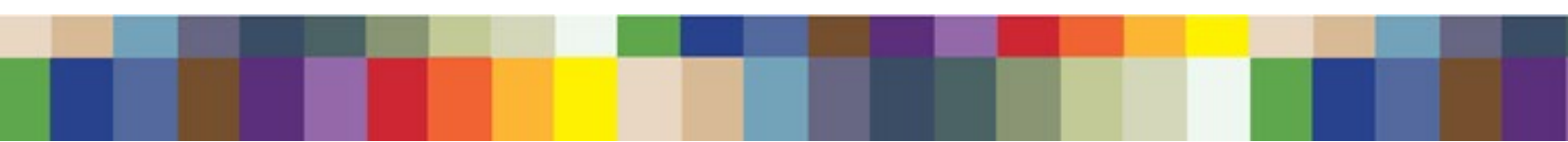
Yes Sometimes No

If yes and/or sometimes, please tell us the number of children and their ages:

Please list past employment and volunteer positions held:

Volunteer, Employment and Education Experience	Role and Description	From (M/Y)	To (M/Y)

Please describe in a few sentences what makes you a good fit for the WCWRC volunteer program:





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Availability:

DAYS	HOURS AVAILABLE	SHIFTS?
Monday Open 9:30 AM - 4:00 PM		<input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 1- 4 shifts a month
Tuesday Open 12:30 PM - 6:00 PM		
Wednesday Open 9:30 AM - 4:00 PM		
Thursday Open 12:30 PM - 6:00 PM		
Friday Open 9:30 AM - 4:00 PM		
Saturday Open 9:00 AM - 12:00 PM		

Anything you would like to share about yourself:

If you have a resume, please attach a copy!

Signature: _____

Date: _____

Please submit the completed application to:

Debra McKay

Program Admin & Volunteer Coordinator

Phone: 204-775-8974 ext. 248 | Email: Debra@wcwrc.ca

