



Date received: \_\_\_\_\_

**Prospective Volunteer Profile**

If you require assistance in completing this form, please contact volunteer services at 589-9418

**Contact Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

I prefer to receive calls at: Home  Work  Other  Best Time: \_\_\_\_\_

Are you 18 years of age or older? Yes  No  If no, please tell us your age: \_\_\_\_\_

**Note:** A Guardian Awareness Form must be completed by applicants 16 years or younger.

In an effort to fulfill our Mission and Vision, Volunteer Services at Mount Carmel Clinic will conduct its recruitment, interview, orientation, training and activities in accordance with the following core values:

***Equality of opportunity*** ✎ ***Respect for individuals*** ✎ ***Respect for cultural diversity*** ✎  
***Commitment to social justice*** ✎ ***Commitment to pro-choice*** ✎ ***Harm-Reduction Perspective***

In our commitment to building community capacity, preference will be given to individuals residing within Mount Carmel Clinic's geographic boundaries of the Red River to the east, Inkster Avenue to the north, McPhillips Street to the west and Logan Avenue to the south.

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

	Name of School	Course of Study	Start/End Dates
High School			<i>Dates not requested for High School</i>
Post-Secondary			
Professional Training			
Other			

Are you receiving credit for your volunteer work? Yes  No

Required number of hours \_\_\_\_\_ By When? \_\_\_\_\_

If yes, what school or organization do you require the hours for? Are you currently attending school?  Yes  No If yes, where: \_\_\_\_\_

***Please return completed application to:***

Mount Carmel Clinic - Volunteer Services, 888 Main Street, Winnipeg, MB R2W 5L4  
or Fax it to: (204) 582-4733

**Employment History:**

Currently, I am:  Employed  Unemployed  Retired  Homemaker  Student

<b>Organization</b>	<b>Major Responsibilities</b>

**Volunteer Experience:**

Do you have previous volunteer experience or are currently volunteering? If yes please tell us a little about it.

<b>Organization</b>	<b>Major Responsibilities</b>

*How did you hear about Mount Carmel Clinic?*

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*Is there a specific volunteer role that you are interested in? If yes, please describe:*

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***I am interested in volunteering in the following programs or departments, check all that apply:***

- Foot care Clinic Assistant
- Community Gardens (Seasonal April-September)
- Multicultural Wellness Program
- Sage House (Street Women’s Health, Outreach and Resource Services)
- Anne Ross Day Nursery
- Teen Clinic – Sexual and Reproductive Health Educator (Annual in-take in Nov.)
- Community Development
- Primary Health Clinic Greeter & Patient Guide
- Special Events Assistant (such as SNOW night and Picnic in the Park)

***Availability:*** Please specify hours you are available to volunteer (e.g. 10am-3pm).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

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<b>Skills and Abilities</b>	<b>I have and would like to share</b>	<b>I would like to develop</b>
Clerical and Organizational		
Health care		
Computer & Technology		
Customer Service		
Public Speaking		
Fundraising Experience		
Group Facilitation		
Writing & Research		
Experience with Children & Youth		
Working with Diverse Cultures		
Training & Education		
Food Handling/ Cooking/ Food Security		
Event Management		
Other (specify)		
Languages (specify)		

When would be the most convenient time to attend our volunteer orientation and training? Day  Evening  Flexible

Who would you like us to call in case of an emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**References:**

Please list 3 current references such as: Past/present employer; Teacher; Co-worker; Supervisor from a volunteer experience.

<b>Name</b>	<b>How do you know them</b>	<b>Contact Information</b>
		Email: Phone#:
		Email: Phone#:
		Email: Phone#:

**\* Note: It is the policy of this organization to screen all prospective volunteers to ensure the highest level of service to our clients. The information supplied is confidential. While we try to place every prospective volunteer, we reserve the right to reject applicants who do not meet our requirements and/or placement criteria. Depending on the position you are applying for, Mount Carmel Clinic may require you to complete a Child Abuse Registry Check and/or a Criminal Records Check. You will be notified of this by the Coordinator of Volunteers and Mount Carmel Clinic. Mount Carmel Clinic will cover the cost of these screening measures for volunteers. A criminal record does not automatically exclude you from a volunteer experience.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_