

The Elizabeth Fry Society of Manitoba Inc.

United Way Member Agency

VOLUNTEER APPLICATION FORM

The Elizabeth Fry Society of Manitoba is a non-profit community agency dedicated to working for the advancement of justice by ensuring the fair and adequate treatment of women in conflict with the law.

Applicant Information					
First Name					
Last Name					
Grade					
Address					
City/State/Zip					
Phone	Alt Phone				
Email					
Gender (self-identified)					
Cultural Heritage	□ First Nations □ Inuit □ Metis □Caucasian □Other:				
Emergency Contact Information	on and a second s				
First Name					
Last Name					
Cell Phone	Work Phone				
Email					
Education History					
Education Institution					
Level Completed					
Current Employer	Position				
Is this application for a school practicum or personal volunteering?					
School Personal	□ Other:				
544 Selkirk Avenue • Winnip	eg, Manitoba • R2W 2M9 • Phone: (204) 589-7335 • Fax: (204) 589-7338 • Toll Free: 1-800-582-5655 www.efsmanitoba.org				



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Mon	ist: All Day, Morr	ing, Altern	oon, or N	one)	
	Tues	Wed		Thurs	Fri
anguages Spoken	1:				
o vou own/have	access to a vehicle?	🗆 Yes 🛛 [□No □	Sometimes	
- , ,					
Please list pre	vious volunteer e	experiences			
Please indicat	e why you would:	l like to volu	inteer and	what you	hone to d
r lease indicat				a what you	nope to g
	a(a) of interact w	ithin Elizab	eth Fry yc	ou wish to b	e involve
Please list are	a(s) of interest w				
Please list are	a(S) of interest w				
Please list are	a(s) of interest w				
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low long of a time Please list 3 Refere	e commitment can yo ences Name, Email ar	ou make? [nd Phone Num	ıber:		🗆 1 year
How long of a time Please list 3 Refere 1.	e commitment can yo ences Name, Email ar	ou make? [nd Phone Num	ıber:		□ 1 year
How long of a time Please list 3 Refere 1.	e commitment can yo ences Name, Email ar	ou make? [nd Phone Num	ıber:		□ 1 year



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I understand that the conditions for being a volunteer at the Elizabeth Fry Society of Manitoba include:

- Having a criminal record search
- Providing proof of tuberculin testing
- Signing a confidentiality covenant
- A three month probationary period
- Maintaining regular attendance in whatever position I undertake
- Participating in volunteer orientation
- Attending regular program meetings, in-service training programs when required

In considering my qualification for this volunteer position, I hereby agree to a Criminal Record Check, realizing the sensitive position of trust for which I have applied. Should I be accepted into the program, I hereby consent to the release of the results of such a criminal record search to the contracting ministry in which the Elizabeth Fry Society of Manitoba would involve me.

Signature

Date