



TRANSCONA COUNCIL
FOR SENIORS
845 Regent Avenue West
Winnipeg, MB R2C 3A9

Colleen Tackaberry
Resource Co-ordinator
204-222-9879
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Volunteer Application Form

Contact Information:

Last Name: _____ First Name: _____
Home Address: _____ Postal Code: _____
Home Phone: _____ Cell: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____ Cell: _____

Employment History:

Employer: _____ Position Held: _____
Employer: _____ Position Held: _____

Education (Please check all applicable categories):

High School ☐ Post Secondary ☐ Degrees/Certificates _____

Other (please explain) _____

Other Skills/Hobbies/Talents (optional):

References:

1. Name: _____	2. Name: _____
Phone: _____	Phone: _____
Relationship to applicant: _____	Relationship to applicant _____

Please tell us in which areas you are interested in volunteering. (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Volunteer Driver | <input type="checkbox"/> Congregate Meal Program |
| <input type="checkbox"/> Exercise Peer Leader | <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Meal Delivery |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Special Projects | |

When are you available to volunteer? (No evenings available)

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.	_____	_____	_____	_____	_____
P.M.	_____	_____	_____	_____	_____

How many hours per week would you be available? _____

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I hereby acknowledge that all information given is truthful, and give consent to the Transcona Council for Seniors to use this information as part of its volunteer recruitment procedure.

Signature _____ Date _____

Witness _____ Date _____

Transcona Council for Seniors Privacy Policy

Please note that all information gathered on this form will be used solely by the Transcona Council for Seniors for the purpose of recruiting volunteers. The information gathered will not be shared with any other organizations/persons outside the Transcona Council for Seniors