

VOLUNTEER APPLICATION FORM
(Information received is strictly confidential)

Full Name: _____ Gender Identity _____ D.O.B. _____

Address: _____
Street City Postal Code

Telephone: _____ E-mail: _____
Primary contact number (Work or Cell?)

Occupation and/or Employer: _____

Education: (include any in progress) _____

Relevant volunteer or work experience: _____

Formal Skills/Certifications: _____

Languages spoken: English: _____ French: _____ Other: _____

Hobbies/Interests: _____

How did you hear about CoSA? _____

Why do you want to become a CoSA volunteer? What do you hope to gain personally and/or professionally?

Do you have any knowledge or experience with the correctional system? Please elaborate. _____

Drawing on your volunteer/work experience, what particular skills do you feel you can contribute to CoSA?

What aspects of your work or volunteering have others given you positive feedback about? _____

What aspects of working or volunteering do you find most stressful or difficult? _____

What strategies do you use for self-care and stress management? _____

We ask for a one-year commitment from the time of placement in a circle, and, on average, a 1-2 hour commitment per week.

How would volunteering for CoSA fit into your schedule? _____

Do you plan extended time away in the coming year? _____

What are your long-term plans (the next 1-2 years)? _____

Is there any additional information that you feel we should know about you?

[Organization name] is committed to the safety and success of our volunteers. Please inform us of any allergies or serious medical conditions of which we should be aware, and/or accommodation needs due to disability or medical conditions, if any.

REFERENCES:

Please provide the names and contact information of two individuals, **excluding family members**, who can speak to your potential suitability/involvement in CoSA. **Please include at least one professional reference.**

1. Name: _____ Position/Relationship: _____

Phone: _____ e-mail: _____

2. Name: _____ Position/Relationship: _____

Phone: _____ e-mail: _____

I acknowledge that the information provided in this application form is correct to the best of my knowledge. I authorize any references listed in this form to provide to CoSA staff any information they may have regarding my character. I also agree that if I am selected to be a CoSA volunteer, I will obtain a Criminal Record Check (or will give permission for a Check to be obtained on my behalf, if the site is able) for the purpose of protection against any false allegations and for the protection of those I support. I understand that the results will be kept in strict confidence.

Signature (May be signed at time of interview)

Date

Please submit your application either via email or mail.

Email:

cosawpg@initiativesjc.org

Mail:

CoSA Winnipeg
302-1200 Portage Avenue
Winnipeg MB R3G 0T5