



Child & Family Services of Western Manitoba Foundation Inc

PROSPECTIVE VOLUNTEER PROFILE

*Thank you for completing this form. Please print clearly.
All information gathered will be kept confidential and will be used only by the
Child & Family Services of Western Manitoba Foundation Inc.*

GENERAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Preferred Contact Method: _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

What best describes you? Employed Self Employed Retired Seeking Work Student

Languages Spoken: _____

TRAINING, SKILLS AND EXPERIENCE

Tell us about your training, skills and experience. (Use additional paper if required.)

Highest Level of education: _____

Please describe some of your volunteer experiences. (Use additional paper if required.)

AREAS OF INTEREST

Please express your area of interest: _____

I would like to hear of other possible opportunities as they become available.

AVAILABILITY

Day/s: _____

Time/s: _____

Community: e.g. Brandon, Neepawa _____

REFERENCES

Please provide two references that are not family members.

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

I hereby authorize the Coordinator of Volunteer Services to contact the above reference.

Applicant Signature

Date

Child & Family Services of Western Manitoba Foundation Inc.

255 – 9th Street

Brandon MB R7A 6X1

Phone 204-726-7141 or toll free 1-800-483-8980

Fax 204-726-6775

foundation@cfswestern.mb.ca

www.cfswestern.mb.ca/foundation