



Community Service Volunteer Application Form

Please submit your completed application to the Community Service Coordinator at the St. John Ambulance (SJA) office near you.

Contact Information

Name	First	Middle	Last
Previous name(s)			
Address			
	City	Province	Postal Code
Phone numbers	home # _____		
Which is the best number at which to reach you? Please circle.	work # _____		
	cell # _____		
E-mail Address(es)	e-mail _____		
Emergency Contact Information: Someone we can call if you become ill or injured while volunteering	Name _____ Relationship _____		
	Contact number(s) _____		

Employment, Education and Training

Are you currently employed? Yes No If 'yes', please specify _____

Are you currently in school? Yes No If 'yes', please specify _____

Other _____

Current and/or previous work experience: See attached resume

Do you have a valid Manitoba Operator's License? Yes. Please specify Class _____ No

Some of the St. John Ambulance (SJA) volunteer opportunities could involve driving SJA vehicles

Education and Training: Junior High (Youth programming) High School

University/College/Technical School EMR EMT SJA Nationally Certified Instructor

Animal Handler Therapy Dog Evaluator Other _____

Current First Aid Training Yes No If 'yes', please provide copy of current certificate

Languages:

_____ Understand Read Speak Write

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Why do you want to volunteer with St. John Ambulance? Please check all that apply

- I took a first aid course and **want/need** to keep up to date for work for self /family
- I want to have fun
- I want to meet new people
- I want to develop work related skills
- I have a friend or family member who volunteers with St. John Ambulance
- I have some spare time and want to do something that is stimulating on a volunteer basis
- St. John Ambulance helped me or someone I know and I want to give back
- I need the volunteer hours for school How many hours do you need? _____
- I want to do something positive for my community
- I want to volunteer in a medically related area to see if I like it
- I believe in the mission/organizational aims of St. John Ambulance
- I need to complete Community Hours How many hours do you need? _____
- I want the ability to secure a good reference
- I want to complete a Practicum for school credit
- I want to spend quality time sharing my dog with others (Therapy Dog Program only)
- I want to develop leadership skills
- Other _____

Areas of Interest

Tell us in which area(s) you are interested in volunteering. **(Please refer to the Volunteer Information Guide)**

- First Aid Response Leadership roles Therapy Dog
- Youth Leader for 11- 18 cadet programs
- Newsletter Design
- Fundraising – bingos, casinos, raffles
- Guest Speaker
- Office Support

As a volunteer, what would you expect from St. John Ambulance?

Special Skills or Qualifications

Please list any additional skills/interests that you might like to contribute while volunteering with SJA:

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Availability & Commitment

SJA volunteers are asked to consider a commitment on average of approximately 6 - 8 hours per month for one year.

Morning	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	
Afternoon	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	
Evening	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Flexible

Community Experience (Please print):

Have you previously applied to or volunteered with SJA?	Applied <input type="checkbox"/> Yes <input type="checkbox"/> No Volunteered <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and where?
What past volunteer experience(s) do you have?	<input type="checkbox"/> See attached resume
What did you enjoy <i>the most</i> about your previous volunteer experience(s)?	
What did you enjoy the <i>least</i> ?	

<p>All prospective volunteers are required to complete a police record check.</p> <p>Is this of concern to you?</p>	<p><input type="checkbox"/> Yes No If 'yes', please explain.</p>								
<p>Have you ever been terminated, refused or asked to leave a volunteer position?</p>	<p><input type="checkbox"/> Yes No If 'yes', please explain and provide date.</p>								
<p>What is your comfort level and experience with your chosen volunteer stream?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">comfortable</td> <td style="width: 50%;">I have lots of experience</td> </tr> <tr> <td>somewhat comfortable</td> <td>I have some experience</td> </tr> <tr> <td>would like support and training</td> <td>I have no experience</td> </tr> <tr> <td>curious and willing to try</td> <td></td> </tr> </table>	comfortable	I have lots of experience	somewhat comfortable	I have some experience	would like support and training	I have no experience	curious and willing to try	
comfortable	I have lots of experience								
somewhat comfortable	I have some experience								
would like support and training	I have no experience								
curious and willing to try									
<p>While volunteering with SJA, you may volunteer with or provide service to people whose life experiences may be very different from yours. What qualities do you possess that will help you work with people who have different values and life experiences from you?</p>									
<p>Are there any issues, situations or kinds of experiences that you think you are likely to encounter while volunteering that you might find unacceptable or difficult to deal with? If so, what might they be and how could we help you?</p>									
<p>Do you have any allergies or medical conditions of which you want us to be aware?</p>	<p><input type="checkbox"/> Yes No If 'yes', please describe.</p> <p>If 'Yes', do you agree to release the information to the appropriate SJA representative(s) and include an alert on your SJA ID tag? <input type="checkbox"/> Yes No</p>								
<p>Is there anything else you would like SJA to know about you?</p>									

References – please provide two (2) as a minimum

Name (Please print clearly)	How they know you (Friend, former employer)	Contact information: work, cell, home telephone, address

Agreement and Signature

Please initial each statement:

_____ By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

_____ I authorize St. John Ambulance to contact references as part of the SJA Screening Cycle. I understand the information which the referees provide is confidential and will not be provided to me or my representatives.

_____ I understand that, as a SJA volunteer, I must demonstrate to the standard set by St. John Ambulance Manitoba Council, the physical, mental and verbal abilities to perform the duties outlined in the volunteer position descriptions consistently and competently.

_____ I understand that volunteers are encouraged and entitled to participate in an exit interview if they should cease to be a SJA volunteer.

_____ I authorize and/or agree to provide St. John Ambulance with the required information to complete the criminal records checks.

_____ If driving a St. John Ambulance vehicle could be part of my volunteer position, I agree to provide St. John Ambulance a recent (within the last 30 days) driver’s abstract.

_____ I consent to the use by St. John Ambulance and its affiliates of my image and likeness in internal and external advertising and promotional campaigns in a variety of media, including print, electronic, other publications, SJA websites and/or in any other reasonable organizational manner.

_____ I am 18 years of age* or older.

*** Please note that, if you are under the age of 18 years of age, a separate release is required to be signed by your legal guardian(s).**

Please sign and date:

Your Name (Please print):	
Signature:	
Date:	
Witness (please print):	
Witness Signature:	
Date:	

It is the policy of St. John Ambulance to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

St. John Ambulance is committed to protecting the personal information collected to process your volunteer application. St. John Ambulance will not use or disclose personal information except for the purpose for which it was collected, unless you have consented or as required by law.

**Please submit your completed application to the Community Service Coordinator at the SJA office near you.
See list of locations below.**

Thank you for expressing an interest in volunteering with SJA!

St John Ambulance locations across Manitoba

Winnipeg

1 St. John Ambulance Way
Winnipeg, MB R3G 3H5
Phone: 204-784-7016 Fax: 204-779-6724

Email: Christine.kaskiw@mb.sja.ca

Brandon

Shoppers Mall Business Center
Unit 204, 1570 18th St.
Brandon, MB, R7A 5C5
Tel. (204) 727-4466 Fax (204) 727-1623

Email: Christine.kaskiw@mb.sja.ca

www.sja.ca/mb

