



ILRC VOLUNTEER APPLICATION

Date: _____

Name (Please Print): _____

Phone Number: _____

Address: _____

E-mail: _____

Start Date: _____

GENERAL INFORMATION:

1. Where have you previously volunteered?

2. What were your jobs/tasks there?

3. What did you enjoy most in your previous volunteer assignments?

4. What did you find least enjoyable?

5. What would you consider to be the ideal volunteer job for you? Why?

6. List your reasons for volunteering at the ILRC.

7. How did you hear of the Independent Living Resource Centre?

8. How long would you like your initial commitment to be?

9. To volunteer at ILRC are there any special accommodations that need to be made? (eg: a chair with better cushioning)

10. What mode of transportation do you use?

11. When are you available: (Please state times available)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Personal to be notified in case of accident or emergency

Name: _____

Phone: _____

Address: _____

***Please note that some volunteer opportunities may require a criminal record, child and adult abuse registry checks.

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The Independent Living Resource Centre reserves the right to ask for a Criminal Record check and a Child Abuse Registry within certain programs.

Independent Living Resource Centre
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Home Page: www.ilrc.mb.ca

ILRC OFFICE ONLY	
Application Form	
Interview	
Orientation to PHIA	
Information Package	
Membership form	
Office/Staff	
Workshop	