

153 – 8th Street Brandon, Manitoba R7A 3W9

t: 204-727-1696 f: 204-728-4344

www.brandonjohnhoward.ca

| Date: VOLUNTEER APPLICATION FORM (amended Mar 2022) | | |
|--|--|---|
| Name: | | |
| Address: | | |
| City: | Postal Co | de: |
| Telephone Number: | | □ Work □ □ Mobile |
| Date of Birth: | Email: | |
| | ☐ French ☐ Cantonese ☐ lease specify) | |
| How many hours do you feel you ca | an reasonably Volunteer? Week | MonthYear |
| What hours/days are you available | ? | |
| Current Employer: | | |
| Do you have a valid Driver's Licen | se? | |
| • • | eer for the John Howard Society of B | |
| 2. Have you any academic or other Please specify. | qualifications or experience which y | ou feel you could utilize as a volunteer? |
| 3. Have you ever received service for | rom or volunteered with any John H No (If yes, please specify) | oward Society within |
| 4. Have you ever been convicted of Yes No | f an offence of which you have not be | en granted a pardon? |
| 5. Please mark which program(s) | you would prefer to volunteer with: | |
| ☐ Fundraising☐ Computer Support☐ Community Justice Committee | □ Program Facilitation □ Men's Resource Centre □ Food Rescue Grocery Store | ☐ Board of Directors☐ Inmate Reintegration |