

# TRANSCONA SENIORS FINDER INFORMATION & REFERRAL HUB



TRANSCONA COUNCIL  
FOR SENIORS  
Email: [tcs@mymts.net](mailto:tcs@mymts.net)

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Seniors Resource Coordinator  
204-222-9879

## Volunteer Application Form

### Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

### Employment History:

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

### Education (Please check all applicable categories):

High School  Post Secondary  Degrees/Certificates \_\_\_\_\_

Other (please explain) \_\_\_\_\_

### Other Skills/Hobbies/Talents (optional):

\_\_\_\_\_  
\_\_\_\_\_

### References:

1. Name: _____	2. Name: _____
Phone: _____	Phone: _____
Relationship to applicant: _____	Relationship to applicant _____

**When are you available to volunteer? (No evenings available)**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>A.M.</b>	_____	_____	_____	_____	_____
<b>P.M.</b>	_____	_____	_____	_____	_____

How many hours per week would you be available? \_\_\_\_\_

I hereby acknowledge that all information given is truthful, and give consent to the Transcona Council for Seniors to use this information as part of its volunteer recruitment procedure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Transcona Council for Seniors Privacy Policy**

*Please note that all information gathered on this form will be used solely by the Transcona Council for Seniors for the purpose of recruiting volunteers. The information gathered will not be shared with any other organizations/persons outside of the Transcona Council for Seniors*