

Volunteer Application Package

Volunteer Opportunities

Interested in volunteering? The goal of the Nine Circles volunteer services program is to support people living with HIV (PHA's) in our community and prevent the spread of HIV and other STIs through events and activities that promote education and outreach. We recruit, train, support and recognize individuals who choose to contribute time to our organization.

Volunteer Positions available at Nine Circles include:

- **Board of Directors**- the Nine Circles Board of Directors is a policy-based board that employs a consensus-based decision-making model. Directors support governance at Nine Circles and ensure that organizations values and mission are upheld.
- **Community Engagement** – Support event planning committees, administrative tasks, execute events and encourage donations.
- **The Pit Stop** – New! Support harm reduction operations through donation sorting, harm reduction supply management and daily operations support. Monday-Friday daytime availability needed.
- **Food Bank Support**– organize and distribute food to clients at our centre on (Thursday daytime availability needed)
- **Group/Program Support** – Assist Nine Circles Staff with prep and clean up for groups/programs, help and engage with clients during groups

If you'd like to apply for a volunteer position or need more information, please contact the Community Engagement Coordinator at 204-940-6029 or communityengagement@ninecircles.ca

Please note: We only do volunteer intake interviews at select times through the year. We will confirm receipt of your application and will let you know when the next volunteer intake will occur.

Volunteer Application Form

If you wish to volunteer with us please complete and return the following information. Any details you provide on this form are kept confidential and will be reviewed *only* by authorized staff. Please print.

DATE: _____

NAME: _____ PRONOUNS: _____

ADDRESS: _____
(STREET) (CITY) (POSTAL CODE)

PHONE #'s: _____
(HOME) (WORK) (CELL)

EMAIL: _____

1. PERSONAL INFORMATION: We'd like to know more about you. We collect information to provide both you and our clients with the most ***respectful and supportive environment*** possible, and understand the sensitive nature of this information. If you do not wish to share the following details with us, feel free to leave any part of this **Personal Information** section incomplete – doing so will not prevent us from placing you as a volunteer with our organization.

Your age: ☐ 18 – 35 ☐ 35 – 50 ☐ 50 – 65 ☐ 65+

Languages – I speak: ☐ English ☐ French ☐ other: _____

2. EXPERIENCE AND KNOWLEDGE:

Occupation: (check all that apply)

☐ Working full time

☐ Working part time

☐ Self Employed

☐ Unemployed

☐ Retired

☐ Disability

☐ Student

☐ Homemaker

☐ Other

Current or most recent employer: If you are employed or previously employed please provide details:

Employer: _____ **Position:** _____
(NAME OF EMPLOYER/COMPANY) (JOB TITLE)

Skills and/or practical experience from employment: _____

Past/Current Volunteer Experience: If you have current or previous volunteer experience which you believe would be an asset to our volunteer program, please provide details:

Organization: _____ **Position:** _____
(NAME OF ORGANIZATION/COMPANY) (TITLE/PRIMARY DUTIES)

Skills and/or practical experience from above program: _____

3. AREAS OF INTEREST:

Please tell us a bit about **why you want to volunteer** for Nine Circles Community Health Centre:

What motivational and/or reward opportunities would you appreciate receiving for a job well done?

Volunteer Positions: Included with this form is our current Volunteer Opportunities sheet. Please review the Volunteer Positions listed on this sheet, and indicate any positions you'd be interested in filling by checking off as many options as you like below:

- ☐ Food Bank Support (*Thursday 9:00am- 1:00pm and 1:00-5:00pm*)
- ☐ Special Events and Fundraising (*may include evenings & weekends*)
- ☐ The Pit Stop – Harm Reduction Services (*Monday to Friday, between 9am-5pm*)
- ☒ ~~Group/Program Support (*days, evenings*)~~
- ☐ Board of Directors (*days, evenings, intake once a year*)

4. REFERENCES: We conduct reference checks to ensure the highest level of service delivery to our clients. Please provide contact information for two people who you've known for a minimum of one year through work, school, volunteering or the community. You must provide these references in order to volunteer with us. We will contact references about their interactions with you, but will not share any personal information you've provided to us on this form.

1) Name: _____ **Phone#:** _____

Email: _____

Relationship to you: _____

2) Name: _____ **Phone#:** _____

Email: _____

Relationship to you: _____

COVID-19 Vaccination:

☐ Due to Manitoba Public Health orders, all volunteers must be fully immunized by October 31, 2021, to be able to volunteer on-site at Nine Circles. I verify that I am fully immunized and willing to show proof of vaccination when volunteering for Nine Circles Community Health Centre.

5. TRAINING AND COMITMENT: Nine Circles provides an orientation and introductory training to all new volunteers. This training is determined in discussion with the Community Engagement Coordinator.

Are you willing:

- ☐ To commit to a basic training program?
- ☐ To commit to volunteering at Nine Circles for a minimum of 6 months? (*Schedule is flexible*)
- ☐ To commit to up-grading your training as needed?
- ☐ To sign and abide by a Confidentiality Agreement?

6. SIGNATURE AND AUTHORIZATION:

By signing here, I verify the information provided is true to the best of my knowledge and authorize Nine Circles to verify this information. I understand I am not obligated to volunteer for Nine Circles and that Nine Circles is under no obligation to accept my services as a volunteer. I understand that after submitting my application to volunteer, I will be interviewed by the Community Engagement Coordinator and my references will be checked. If I successfully clear this screening process, I understand that I will be trained and placed in a volunteer position best suited to me.

(NAME)

(SIGNATURE)

(DATE: MM/DD/YYYY)

Thank you for taking the time to apply to our Volunteer Services Program! Please return your completed form to our Community Engagement Coordinator by mail, fax, and email at communityengagement@ninecircles.ca or by dropping it off to our front desk.

We will confirm receipt of your application and will let you know when the next volunteer intake will occur as intake is only completed at certain times per year. We thank all applicants for their interest, however, only those candidates selected for interviews will be contacted.

ninecircles
COMMUNITY HEALTH CENTRE

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