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Manitoba
Public Insurance

2011 Volunteer Application Form The Pas

Volunteer Application forms must be approved prior to your shift. Copy of driver's license must accompany the fully completed form and the form must be signed in 2 places (Sections 3 and 5).

RETURN FORMS TO: Box 1561, The Pas MB R9A 1L4

Volunteered in previous years?
Yes No

SECTION 1: VOLUNTEER IDENTIFICATION

Last Name		First Name (in full)		Middle Name(s) (in full)	
Birth Surname		Birth Place (List Province or Country)		Date of Birth: Y/M/D	
Other Name(s) Used/Previous Last Name(s)			Gender F <input type="checkbox"/> M <input type="checkbox"/>		
Current Address			City	Province	Postal Code
Phone Numbers (home) (work) (cell)			Email Address		
Driver License No. (reference number) **Photocopy required too!			Expiry Date: Y/M/D		Do you drive standard transmission? Yes <input type="checkbox"/> No <input type="checkbox"/>
Escort Driver: Name of your Insurance Company (if different than MPI)			Insurance Policy Number		Expiry Date: Y/M/D

I am volunteering as Corporate Volunteer: _____ Community Volunteer

		REQUIREMENTS
<input type="checkbox"/>	Escort Driver Person who, in his or her own vehicle, escorts the driver and the navigator.	Age 18 and over, must have a valid driver's license and a vehicle. Escort Drivers must have valid insurance & registration for own vehicle.
<input type="checkbox"/>	Driver Person who drives the client's vehicle. Willing and able to drive a "standard"? _____	18 or older. This volunteer must have a valid driver's license and valid insurance, and be capable of driving cars, SUV's and light trucks.
<input type="checkbox"/>	Navigator Person who rides with the driver and the client in the client's vehicle.	Age 18 and over.
<input type="checkbox"/>	Other (please specify): _____	

SECTION 3: VOLUNTEER RESPONSIBILITIES

Soberness: Volunteers must not consume any alcohol on the day of their shift with Operation Red Nose.

Courtesy: Tolerance, patience, and courtesy must be expressed at all times in dealing with clients and fellow volunteers.

Consideration for other volunteers: All volunteers of Operation Red Nose deserve respect and consideration.

Confidentiality: Total discretion is required on the identity, address, phone number and behaviour of clients. The same discretion is recommended towards the other volunteers.

Free service: Operation Red Nose is a free service. Contributions must never be solicited. A grateful thank you is offered when a contribution is given. The total amount of all contributions must be returned to Operation Red Nose.

Safety: Operation Red Nose is not responsible for fines or tickets given to a volunteer during his/her shift.

If I do not honour my commitment, Operation Red Nose reserves the right to terminate my involvement in the campaign. The decision of Operation Red Nose is final.

Date: _____

Signature (Mandatory): _____

SECTION 4: CALENDAR – November & December 2011

Please indicate all dates that you will volunteer. **Note: four (4) complete working days are required to process this application after it is received.**

SUN	MON	TUE	WED	THU	FRI	SAT
			Nov			
			Dec		2	3
					9	10
					16	17
					23	
					30	31

Note: If you are unsure of the dates you are available to volunteer, please submit the form with the dates left blank. You can schedule your shifts at a later date.

All shifts must be scheduled with Headquarters staff prior to the evening of the shift.

SECTION 5: DECLARATION

I hereby offer my services as a volunteer for Operation Red Nose 2011. I authorize the Police Department to verify the validity of my driver's license and whether it is or has been suspended. In addition, I authorize the Police Department to do a complete Criminal Record Search. This search will verify if I have a criminal record, meaning any declaration of "guilty" concerning a violation of the criminal code for which I did not receive rehabilitation or pardon. The Criminal Record Search will verify if I have a criminal record, such as a previous conviction, or if I am currently under a criminal or penal accusation for the following:

Criminal or penal offenses which are incompatible with the criteria for selection:

Incompatible offences if committed within the last five years	Sex : prostitution (solicitation) Violence : assault, trespassing at night, uttering threats, intimidation, harassment, indecent telephone calls, mischief, arson causing damage to property, firearms (possession, omission)	Theft, fraud : impersonation Drugs : possession Other : breach of condition or probation, obstructing a peace officer, other criminal charges
Incompatible offences at all times	Sex : sexual assault or assault with a weapon, indecent acts, procuring, child pornography, corrupting children, bawdy house, rape Violence : kidnapping, attempted murder, homicide, aggravated assault, confinement, extortion, arson with disregard for human life, firearms (unauthorized use, trafficking)	Theft, fraud : breaking and entering, robbery, corruption Driving : offence causing death or bodily harm, flight, dangerous operation of a motor vehicle, refusal to comply with demand, operation while impaired, unpaid tickets (tickets must be paid before volunteering) Drugs : trafficking, importing, cultivating Other : arrest warrant

I authorize the Police Department to communicate the results of these Searches to the Operation Red Nose President & CEO. I commit to treating any information or data regarding Operation Red Nose clients or volunteers divulged to me during my service with the strictest of confidentiality. The information or data will remain confidential even after my service to Operation Red Nose has ended.

I certify that the information provided in this form is true and accurate. Furthermore, between the time I sign this form and the time I participate in the Operation Red Nose campaign as a volunteer, I will inform the Operation Red Nose organization if any change occurs concerning my file which would no longer allow me to meet the selection criteria.

Date: _____ Signature (mandatory) _____

POLICE SECTION:

Verified by (name and registration #) _____ Date _____ Recommended _____ Not Recommended _____