



**MANITOBA INSTITUTE
FOR PATIENT SAFETY**

**INSTITUT POUR LA SÉCURITÉ
DES PATIENTS DU MANITOBA**

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

E-Mail: _____ Fax: _____

Phone: Home: _____ Work: _____ Cell: _____

Language(s) (*spoken*): _____

Education and Training:

Employment Experience:

Previous Volunteer Experience:

Skills/Interests/Hobbies:

Current Status:

Employed (name of employer) _____

Unemployed Retired Student



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Availability: *(indicate all that are applicable)*

Weekdays Evenings Weekends

Variable: Daily Monthly Weekly Bi-weekly

Requirements of Volunteers

Fluent in English

Have driver's licence &
access to a vehicle

Reasons you would like to volunteer with the Manitoba Institute for Patient Safety

Volunteer Opportunities: *(please indicate your areas of interest by checking applicable boxes)*

Information Booth Host

Develop Resources

Presentations

Community Outreach

Facilitating at Events

Graphic Design

Office Support

Photography

Writing Articles

**Preference will be
given to those who
are willing to do
presentations & host
information booths.**

Security Checks:

A security check are required and must be completed before you begin your volunteer placement. The application costs will be reimbursed after 6 months of volunteer service. The attached appendix lists the required security checks, access details and the cost.



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I declare the information on the form to be accurate and true. I give my permission for a representative of the Manitoba Institute for Patient Safety to contact the references provided.

I understand that this application is part of an ongoing process which includes checking with the reference I provided, the outcome of any applicable security checks and an interview.

I understand that management reserves the right to decline applicants who do not meet their requirements

Signature: _____ Date: _____

RETURN APPLICATION:

Manitoba Institute for Patient Safety

102-175 Carlton Street

Winnipeg, Manitoba, R3C 3H9

Telephone No. 204-927-6477 Fax No. 204- 779-6477

E-mail: admin@mips.ca

Please visit our website at www.mips.ca for valuable information about the Manitoba Institute for Patient Safety.

References:

Name	Telephone #	E-Mail Address

Appendix: Security Checks

Abuse Registries (Adult & Child)

Contact: Province of Manitoba

<http://www.gov.mb.ca/fs/abuseregistries.html>

Can complete online or in person:

1st Floor - 777 Portage Avenue

Winnipeg, MB R3G 0N3

Office Hours: Monday-Friday 8:30am to 4:30pm – closed all holidays

\$20 per adult registry request, \$20 per child registry request

Criminal Record Check (with Vulnerable Sector Screening)

RESIDENCE WITHIN WINNIPEG

Contact: Winnipeg Police Service

http://www.winnipeg.ca/police/pr/info_request.stm

Can complete online or in person:

Main Floor – Winnipeg Police Headquarters

245 Smith Street (entrance off Graham Ave)

Office Hours: Monday-Thursday 8:00am to 3:30pm – closed all holidays

\$43.25-48.50 per record search (depends on in-person or online application)

RESIDENCE OUTSIDE WINNIPEG

Contact: RCMP Local Detachment

<http://www.rcmp-grc.gc.ca/en/steps-obtain-certified-criminal-record-or-vulnerable-sector-vs-check>

Can complete online or in person, see local detachment

\$25 per record search