



**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

**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)*

- |   |   |
|---|---|
| <input type="checkbox"/> Information Booth Host | <input type="checkbox"/> Develop Resources  |
| <input type="checkbox"/> Presentations          | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Facilitating at Events | <input type="checkbox"/> Graphic Design     |
| <input type="checkbox"/> Office Support         | <input type="checkbox"/> Photography        |
| <input type="checkbox"/> 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](http://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)**

#### **Province of Manitoba**

<http://www.gov.mb.ca/fs/abuserregistries.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

\$15 per adult registry request, \$15 per child registry request

### **Criminal Record Check (with Vulnerable Sector Screening) – requires finger prints be taken**

#### **Winnipeg Police Service**

[http://www.winnipeg.ca/police/pr/info\\_request.stm](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)

#### **RCMP Local Detachment**

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

\$25 per record search