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| --- | --- |
|  | VOLUNTEER APPLICATION FORMNearly New Shop 2023A Division of the Children’s Hospital Guild of Manitoba961 Portage Avenue, Winnipeg, MB R3G OR2Telephone: 204 772-3629 |
| The Nearly New Shop was founded in 1929 to foster interest in and give financial support to the Children's Hospital in Winnipeg, Manitoba through the sale of donated articles. The shop is one of many fund raisers carried out by the Children’s Hospital Guild of Manitoba. Volunteers assist in this fund raiser by working at the front or back of the Nearly New Shop, preferably for a minimum of two to four shift a month. Each shift is 4.5 hours. New members are asked to join Children's Hospital Guild of Manitoba. The annual membership fee is $25.00 which can be prorated depending on the month of joining. Please see the Guild application (attached). |

*A fillable version of this form is available at* [*https://goodbear.ca/about/guild/*](https://goodbear.ca/about/guild/)

|  |  |
| --- | --- |
| Name |       |
| Home address  |       |
| Email Address |       |
| Contact Telephone Nos. | Home:       | Cell:       |

Your skills that will benefit the Nearly New Shop:

|  |  |
| --- | --- |
| Computer experience: [ ]  | Retail: [ ]  |
| People Skills (leadership, organization): |       |
| Other Skills |       |
| People I know who work at the shop |       |
| How did I learn about the shop? |       |

A brief resume is attached: [ ]  Yes [ ]  No

AVAILABILITY: Please check the time(s) that you are available to volunteer:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Shift | Monday  | Tuesday  | Wednesday  | Thursday  | Friday | Saturday  |
| 10:30 to 3:00pm |[ ] [ ] [ ] [ ] [ ] [ ]

Volunteer Experience:

|  |  |  |
| --- | --- | --- |
| Organization | Brief Description of Duties | Date |
| 1.
 |
| 1.
 |
| 1.
 |

References: (you have known for one year or more and not related to you)

|  |  |  |
| --- | --- | --- |
| Contact Name | Phone Number | Relationship |
| 1.
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| 1.
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| 1.
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I hereby declare that the foregoing information is true and complete to my knowledge. I authorize the Nearly New Shop to contact any or all of the references listed for the purpose of processing my volunteer application. I understand that these references will be contacted in confidence.

Personal information collected on this form will be used to determine compatibility of my skills and times that I am available WITH the needs and schedule openings of the Nearly New Shop.

|  |  |
| --- | --- |
| Signature:  | Date:       |

*Please return this form to the Nearly New Sho. Thank you for your interest*.

|  |  |
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|  | CHILDREN'S HOSPITAL GUILD OF MANITOBA, INC.715 McDermot Ave, Winnipeg, MB R3E 1M6Telephone: (204) 594-5323 Website: goodbear.cachildrenshospitalguildofmb@gmail.com |

Membership Form 2023

|  |  |
| --- | --- |
| Name |   |
| Home address  |   |
| Email Address |   |
| Phone Numbers | Home:  | Cell:  |

Guild activities you would like to participate in:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Nearly New Shop | [ ]  Sew4Kids | [ ]  Social Committee | [ ]  Social Media Communication  |
| [ ]  Fundraising events | [ ]  Fashion Show | [ ]  High Tea |
| How did you learn about the Children’s Hospital Guild?      |

Annual Guild Membership Fee of $25.00 is due January 31st of each year. Payment may be made by cheque or e-transfer.

\*Cheques should be written to: Children's Hospital Guild of Manitoba, Inc. Mail cheque and membership form to: Ilene Holmes, 710 Cloutier Drive, Winnipeg, MB R3V 1A8

\*E-Transfers to: childrenshospitalguildofmb@gmail.com. Please include your name and reason for payment. Send completed MEMBERSHIP FORM to Ilene Holmes at the above address.

WITHDRAWAL from the Guild: Please notify the Guild Secretary: Lorraine O'Leary, 51 Sandale Drive, Winnipeg, MB R2N 1A3, Email: leg.o@hotmail.com

\*I give permission for my contact information to appear on the Membership Roster for 2023\*

[ ]  Yes\_\_\_\_\_\_\_\_\_\_ [ ]  No\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Signature:  | Date:       |

PAID: Cheque \_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_ E-transfer \_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_