

Oshki-Giizhig Inc. 230 Princess St., Winnipeg, MB R3B 1L6 Phone # 431-323-3845 Fax # 1-844-270-1941 Email: info@oshki-giizhig.org www.oshki-giizhig.org

## **Volunteer Application Form**

This Indigenous-based organization will walk beside, advocate and support people affected by FASD and or other disorders. Strengthened by cultural practices and traditional teachings, support will assist in restoring balance to individuals and the community affected by trauma and violence.

CONTACT INFORMATION:			
NAME:			
(First)	(Last)	(Pronouns)	
ADDRESS:			
(Street - Apt./Unit #)	(Town/City)	(Province)	(Postal Code)
EMAIL:	PHONE:		
EMERGENCY CONTACT:			
(First and Last Name)	(Phone)	(Relationship to Applicant)	
VOLUNTEER EXPERIENCE: Please briefly describe if you have a	ny previous or current vo	lunteer experience.	

Applicants must meet the minimum age requirement of 18 years or older to be considered for employment or volunteer positions at Oshki-Giizhig. Are you 18 years of age or older? \_\_\_\_\_

Vision: A healthy community built on Indigenous journeys towards wellness.



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## **MEDICAL CONDITIONS/PHYSICAL LIMITATIONS:**

Please provide information regarding any medical conditions or physical limitations that may impact your ability to participate safely in our program. Your well-being is important to us, and this information will help us ensure a safe and inclusive experience for all participants.

## ADDITIONAL DOCUMENTATION REQUIRED:

In addition to filling out the Volunteer Application, applicants are required to submit a current cover letter and resume, along with two (2) references, one (1) of which may serve as a character reference. Additionally, applicants must provide a valid criminal record check and adult and child abuse check, obtained within the last six months.

Completed applications can be delivered or mailed to our main office located at 230 Princess Street, Winnipeg, R3B 1L6, or email them to <u>ethompson@oshki-giizhig.org</u>.

(Signature of Applicant)

(Date)

For Office Use Only:

Date Received: \_\_\_\_\_ Date Responded: \_\_\_\_\_

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