

SECTION A: ORGANIZATION INFORMATION

(Please Print or Type)

Applications will not be approved until an eligible student has been identified and a Student Application has been submitted for review.

1. Full legal name of organization: _____

2. Address: _____ Postal code: _____

3. Name of contact person: _____ Telephone: _____
 Position: _____ Fax # _____
 Email Address: _____

4. Alternate contact person: _____ Telephone: _____
 Position: _____ Fax # _____
 Email Address: _____

5. Canada Customs and Revenue Agency Registered Charity Number:

If you are not a registered charity, is your organization incorporated as a non-profit group/agency? Yes No

For information on becoming incorporated please contact Consumer and Corporate Affairs at 204-945-2500.

6. Please list the type of services provided and specific activities engaged in by your organization.

7. a) What are the organizations regular daily hours of service? _____ to _____

b) Is there significant after hours and weekend programs or services? Yes No

8. a) Indicate the number of paid staff currently employed by your organization. _____

b) Indicate the number of volunteers currently serving with your organization. _____

SECTION B: POSITION DESCRIPTION AND INFORMATION

All organizations will be eligible to apply for one Youth Serves Manitoba position per community service site. If an agency can demonstrate the ability to generate community service positions for more than one student, consideration will be given to funding additional positions, subject to the availability of funds. ***A separate position description must be submitted for each Youth Serves Manitoba student requested.***

1. Student Position Title: _____

Position Duties (Please list the duties of this position and anticipated number of hours to be spent on each.)

	Total 100 Hours

2. What qualifications, skills and interests will be required by the student filling this position?

3. Does this position involve working with or accessing the care of children (under the age of 18)? Yes No
If **Yes**, you are required to submit proof of a completed Child Abuse Registry and Criminal Records check at the time of your application to Youth Serves Manitoba. The Child Abuse Registry and Criminal Record check must have been completed within the **last thirty (30) days**. Has this been done? Yes No

If you **DO NOT** have a current Child Abuse Registry and Criminal Records check (completed in the **past 30 days**) please be aware that this process can take 6-8 weeks to complete. During that time, your application will be "on hold" until Youth Serves Manitoba receives confirmation of a completed Child Abuse Registry and Criminal Records check.

4. How will this position provide a direct service/benefit to the community?

5. Where will the student be performing the proposed community service?

Street address: _____ City/Town: _____

6. a) Please identify what training and mentorship will be provided to the student to assist them in performing the duties of the position.

b) Who will provide this training and act as a personal mentor for the student? Please list name(s) and position with your organization?

Name: _____ Telephone: _____

Position: _____

Name: _____ Telephone: _____

Position: _____

7. What are the weekly minimum and maximum hours required by your organization for this student position to be meaningful and successful?

Minimum weekly hours: _____ Maximum weekly hours: _____

8. Proposed start date*: _____

***No retroactive start dates will be approved. Applications should be submitted 2 weeks prior to start date.**
Approved community service hours are performed between September 2008 and June 2009.

9. Does your organization have a prospective student for this position? Yes No
Note: If No, visit www.myvop.ca to post a volunteer position on their website or contact Volunteer Manitoba for assistance. Telephone number: 477-5180 ext. 225 Email: vmreferral@mts.net
Applications will not be approved until an eligible student has been identified.
Once you have a student identified complete the remaining questions (a to e). Ensure the student completes the student application and forward the completed applications to the Youth Serves Manitoba office for review.
- a) Name of prospective student: _____
- b) Does this student **currently** perform community service with your organization? Yes No
 If yes, please describe the position duties that can be **added or enhanced** for your student.
 Youth Serves Manitoba gives priority to positions that provide a meaningful skill building experience for students.

- c) Is the prospective student an immediate relative (father, mother, brother, sister, spouse, child/ward, or relative permanently living in the household) of the hiring authority or any director of the organization? Yes No
 If yes, please specify relationship: _____
- d) Is the prospective student presently a staff member, board or executive member of your organization? Yes No
 If yes, please explain: _____
- e) Does the above named student hold any financial interest in the organization? Yes No
10. Was this application initiated by the above named student? Yes No

SECTION C: ADDITIONAL INFORMATION

1. What skills/training will the student gain through this position that will benefit his/her future career aspirations?

2. Will the student receive academic accreditation from an educational institution for this community service experience?
 Yes No
 If yes, please specify the educational institution and program area: _____

3. Please provide any additional information you feel may assist the assessment committee to review your application.

**Please turn page over for organization certification and signature.
 Without it, we cannot process your application.**

SECTION D: YOUTH SERVES MANITOBA ORGANIZATION CERTIFICATION

- A. I, _____, hereby declare that I am an authorized representative of the organization named in the Organization Information section of the Youth Serves Manitoba Organization Application form.
- B. I have included the position description that I am requesting assistance for through Youth Serves Manitoba. I understand that this and any subsequent position description(s) submitted by me and approved under the program form part of this application.
- C. I understand that the staff responsible for Youth Serves Manitoba and Manitoba Education, Citizenship and Youth have the authority to assess each application on its individual merits and will exercise their absolute discretion in approving positions.
- D. I understand that upon approval of this application, the legal entity or the individual, as the case may be, named in the Organization Information section undertakes to comply with all terms and conditions as set out in the Youth Serves Manitoba Community Service Agreement.

Name of authorized representative of organization (please print)

Position with organization

Telephone number

Address

City/Town

Postal code

Signature: _____

Date: _____

YOUTH SERVES MANITOBA RESERVES THE RIGHT TO APPROVE OR REJECT THE PROPOSED POSITION(S) AND/OR EMPLOYEE(S) ON THE BASIS OF ITS OWN INDEPENDENT ASSESSMENT OF THIS APPLICATION.