

SECTION A: PERSONAL INFORMATION

(Please Print)

Last Name	Given Name	Phone #	
		Messages #	
Present address (number & street)	Town/City	Province	Postal Code
If different from above – Permanent address (number & street)	Town/City	Province	Postal Code

Date of birth:

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 Male Female

yyyy mm dd

1. Social insurance number (SIN):

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2. Are you legally entitled to work in Canada? Yes No

3. Are you 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 explain: _____

4. Do you have any financial interest in the organization? Yes No

5. Are you presently a staff member, board or executive member of the organization where you are applying? Yes No

6. Do you fall within any of the following employment equity groups? Yes No

- | | |
|--|--|
| <input type="checkbox"/> a person with a physical disability
<input type="checkbox"/> a person with a mental disability
<input type="checkbox"/> income assistance client
<input type="checkbox"/> visible minority
<input type="checkbox"/> Other _____ | Aboriginal
<input type="checkbox"/> Inuit
<input type="checkbox"/> First Nation
<input type="checkbox"/> Metis |
|--|--|

SECTION B: EDUCATION *Current academic year only (2008 – 2009)*

1. Are you a full-time student? (taking a minimum of 60% or more of a normal year's studies) Yes No
 If no, please explain _____

2. Are you returning to school in the next academic year (2008-2009)? Yes No
 If yes, Full-time **OR** Part-time

3. Indicate your level of study:

COLLEGE	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 or greater
UNIVERSITY	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 or greater

4. Indicate the university/college you are attending. _____
5. Indicate the faculty and courses or program you are taking. _____
6. What are your career goals? _____

SECTION C: COMMUNITY SERVICE INTERESTS

1. What skills/experiences do you wish to develop through participation in this program?

2. Do you have an agency or organization for which you wish to perform community service hours? Yes No

If no, visit www.myvop.ca to view volunteer positions or contact Volunteer Manitoba for assistance – Telephone: 204-477-5180 ext. 225 or Toll-Free 1-888-922-4545. Email: vmreferral@mts.net
 Once you have identified an organization to volunteer with, complete questions 3 to 6 below and submit both the organization and student applications to Youth Serves Manitoba for review.

3. If yes, identify the organization name: _____
 Address of organization: _____
 Position title (or project/service area): _____

 Name of organizational contact person: _____
 Contact person's telephone number: _____

4. Is this position related to your career aspirations? Yes No Somewhat

5. Describe how this position relates to your career aspirations?

6. Will you be working with children under the age of 18? Yes No

If yes, the results of the Child Abuse Registry and Criminal Records checks must be identified prior to final approval being granted by Youth Serves Manitoba.

Note: A Child Abuse Registry check can take at least 6-8 weeks.

I certify that the foregoing statements made by me are true in substance and complete to the best of my knowledge and that I have not withheld any information relative to this application. I authorize Youth Serves Manitoba to verify the above information.

_____ _____
Student Signature **Date**

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

"This personal information is being collected under the authority of the MB4Youth Division and will be used and disclosed for the purpose of determining your eligibility for the Youth Serves Manitoba program. This personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Program Manager at (204) 945-3755, 310-800 Portage Avenue, Winnipeg, Manitoba, R3G 0N4"

FOR OFFICE USE ONLY

Eligible Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Bursary Start Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td>Y</td> <td>Y</td> <td>M</td> <td>M</td> <td>D</td> <td>D</td> </tr> </table>							Y	Y	M	M	D	D	_____ Signature/Date
Y	Y	M	M	D	D									

