



# Visitation Monitor Application Form

Please complete the form and return to WCAA by email, fax or mail.  
To drop off in person please contact the office directly.

## SECTION 1 – PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Unit / Number / Street / City

Phone #: \_\_\_\_\_  
Home Number Cell Number Work/Alt Number

Email Address: \_\_\_\_\_

May we contact you at your Work phone number:  YES  NO

Are you 18 years of age or older?  YES  NO

Have you been convicted of a Criminal Offence for which you have NOT been granted a Pardon?  YES  NO

If you answered NO, please explain: \_\_\_\_\_

Do you have any physical/mental condition(s) that may affect your performance as a Visitation Monitor?  YES  NO

If you answered YES, please explain: \_\_\_\_\_

Languages spoke other than English: (Optional) \_\_\_\_\_

## SECTION 2 – VOLUNTEER QUESTIONS/AVAILABILITY

What do you hope to gain from volunteering with The Winnipeg Children’s Access Agency Inc.?

\_\_\_\_\_  
\_\_\_\_\_

Can you commit to 3 shifts a month & 1 weekend shift per month?  YES  NO

Please note that each shift is three (3) hours long and that a weekend shifts happen on either Friday, Saturday or Sunday.

Please check all the boxes that you are available for shifts:

- Tuesdays 6:00 pm – 9:00 pm       Saturdays 9:00 am – 12:00 pm       Sundays 11:30 am – 2:30 pm
- Wednesdays 6:00 pm – 9:00 pm       Saturdays 11:30 am – 2:30 pm       Sundays 2:00 pm – 5:00 pm
- Thursdays 6:00 pm – 9:00 pm       Saturdays 2:00 pm – 5:00 pm
- Fridays 6:00 pm – 9:00 pm

**SECTION 3 – EDUCATION**

Highest grade/level of schooling completed or Degree: \_\_\_\_\_

Other Courses and/or Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4 – EMPLOYMENT EXPERIENCE**

Company's Name: \_\_\_\_\_ Position Name/Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company's Name: \_\_\_\_\_ Position Name/Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company's Name: \_\_\_\_\_ Position Name/Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

How do you feel that your employment experience(s) will benefit you in relation to working with families in the context of supervising visitations between non-custodial parents/grandparents/siblings and the child(ren)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 5 – VOLUNTEER EXPERIENCE**

Organization's Name: \_\_\_\_\_ Position Name/Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Volunteering: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Organization's Name: \_\_\_\_\_ Position Name/Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Volunteering: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Organization's Name: \_\_\_\_\_ Position Name/Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Volunteering: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

How do you feel that your volunteering experience(s) will benefit you in relation to working with families in the context of supervising visitations between non-custodial parents/grandparents/siblings and the child(ren)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6 – REFERENCES**

Please provide two (2) professional references i.e.: manager/supervisor of paid, unpaid employment or work experience and one (1) personal reference; who is not a relative, that can provide information pertinent to your skills, abilities and general character.

PROFESSIONAL REFERENCE #1

Company/Organization: \_\_\_\_\_ Position Name/Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PROFESSIONAL REFERENCE #2

Company/Organization: \_\_\_\_\_ Position Name/Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PERSONAL REFERENCE #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

PERSONAL REFERENCE #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 7 – AGREEMENT/WAIVERS**

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**UNDERSTANDING & CONSENT REGARDING YOUR APPLICATION/PERSONAL INFORMATION:**

I, \_\_\_\_\_ [the applicant] understand that in submitting this application

*Please Print First & Last Name*

that I am providing consent for the staff of the Winnipeg Children's Access Agency Inc. to carry out the following:

- Verification of the contents of my application
- Discuss and record (internally) any and all matters related to my application
- To retain this application for Winnipeg Children's Access Agency Inc. records. for a period of two years after file closure
- That there will be a Manitoba Child Abuse Registry Application request and an application for Criminal Record Check from the Winnipeg Police Service

**DECLARATION:**

I hereby declare that all information in this application is true and complete.

I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after hiring.

Acceptance to The Winnipeg Children's Access Agency Inc. volunteer program is not automatic. There is a screening process in place that consists of the full completion of the application form, interview, reference checks, Child Abuse Registry Check, Criminal Record Check and completion of the training process.

**WAIVER:**

On occasion, volunteers may be asked for a picture to promote the public relations of the Winnipeg Children's Access Agency Inc..

I authorize the taking of photographs and/or videotape and/or being interviewed for the following:

- a) Educational purposes and/or formal presentation.
- b) News Media and/or WCAA publication(s).
- c) Website and/or online social media published by WCAA.

By signing this application you acknowledge that you have read all of the information above and understand the the conditions, declarations and waiver above. If you do agree and consent, please sign below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_