



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

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: _____

Company's Name: _____ Position Name/Title: _____

Contact Name: _____ Phone: _____

Dates of Employment: _____ Reason for Leaving: _____

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

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: _____