

Communication is more than  
just words



[www.westmanaphasia.ca](http://www.westmanaphasia.ca)

## Volunteer Application

**Please print clearly and send your completed application to our mailing address at**

100-1300 18<sup>th</sup> Street, Office 156, Brandon, Manitoba, R7A 6X7

**OR email it to us** at [westmanaphasia@gmail.com](mailto:westmanaphasia@gmail.com).

*Westman Aphasia Inc. (WAI) helps people who live with a chronic communication disorder known as aphasia and their caregivers, family, friends, and health care providers. We do this by offering monthly conversation and support groups for the individual to help them with their communication skills, and for that person's support network to help them talk about specific challenges that come with caring for and about their loved one.*

### **About You**

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

Address (street and box #) \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

What attracts you to volunteer with Westman Aphasia Inc.?

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Have you ever volunteered before? Yes  No

If yes, please describe your experience \_\_\_\_\_

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

May we contact this organization about your involvement there? Yes  No

If yes, please provide contact name \_\_\_\_\_ Phone \_\_\_\_\_

### **Our Volunteer Opportunities**

Our volunteer opportunities include helping with our monthly program groups (typically the third Tuesday afternoon of each month excluding July and August), and/or joining our Board of Directors. You may also be asked to provide information on behalf of WAI at special events (eg. volunteer fairs, workshops, community events, etc.) a few times annually to help us increase community awareness and education about aphasia.

Please tell us where you'd like to offer your volunteer time:

Monthly programs

Board of Directors

Both

My signature below indicates that I confirm all information provided to be true and correct, and that I authorize Westman Aphasia Inc. to contact the above noted references.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Please Note**

All potential volunteers...

...must attend a full day aphasia workshop at their own cost; workshop fee will then be reimbursed to volunteer after six consecutive months of volunteer commitment;

...will be interviewed by WAI's program clinicians and/or volunteer coordinator;

...are subject to a Criminal Record Check, an Adult/Elder Abuse Registry Check, and a Vulnerable Persons Record Check