



Winnipeg Interprofessional Student-Run Health (WISH) Clinic

Student Volunteer Application

The Winnipeg Interprofessional Student-Run Health (WISH) Clinic is a student-driven interprofessional project that focuses on providing health services to people in the Point Douglas area of Winnipeg out of Mount Carmel Clinic.

WISH is currently accepting applications for student volunteers interested in health sciences, interprofessional education, inner city health and social care. Applications will be reviewed and volunteers selected based on merit and the commitment the volunteer is willing to make.

Student volunteers may participate on both the clinical care and the social care teams. The social care team consists of student volunteers from all disciplines who interact socially with patients in the reception area, provide childcare, and coordinate social activities. The clinical care team consists of students from various health care-related disciplines who provide health care to the individuals that come to the WISH Clinic under the supervision of mentors. In addition to regular clinic hours, the clinic hosts community outreach events such as Women's night, Men's night, and educational workshops. The clinic is administered and directed by post-secondary students from the University of Manitoba as well as a clinic manager and Steering Committee.

In order to apply, a Student Volunteer Application must be completed and returned to the WISH Clinic Volunteer Coordinator at wishclinic@gmail.com. The application may also be mailed to: WISH Clinic c/o Mount Carmel Clinic, 886 Main St. Wpg, MB, R2W 5L4.

A **Letter of Confirmation** of your specified faculty, criminal record check and child abuse registry check must also be provided upon acceptance. If you have any further questions or for more information regarding WISH and volunteer opportunities please visit www.wishclinic.ca.

Thank you for your interest, we hope to hear from you soon!



Volunteer Application

NAME:				
	(Surname)		(Given Names)	
E-MAIL:			PHONE NUMBER:	
PROGRAM/FACULTY:			YEAR IN PROGRAM:	
ADDRESS:				
STUDENT NUMBER:				
EMERGENCY CONTACT:		RELATION:		PHONE NUMBER:
DO YOU HAVE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? Yes / No	If yes, please describe:			

1. Previous Work or Volunteer Experience:

2. Please comment on the skills, abilities, experience and personal interests you have that you feel would benefit the WISH Clinic.



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3. Please comment on what you hope to gain from your volunteer experience with the WISH Clinic.

Signature

Date