



2021 GCWCC Janitorial Program Community Centre Application Form



NAME OF COMMUNITY CENTRE: _____

CONTACT PERSON & POSITION: _____

PH# _____ CELL# _____ FAX# _____ EMAIL _____

APPLICATION FOR A CARETAKER WORKER:

FULL TIME _____ PART TIME _____ FULL TIME or PART TIME _____

MONTHS REQUIRED: _____
(ie. JANUARY-DECEMBER, JUNE-SEPTEMBER)

DAYS REQUIRED: _____
(ie. WEEKDAYS, WEEKENDS, EVENINGS)

HOURS REQUIRED: _____ A.M. TO _____ P.M.

DESCRIPTION OF CARETAKING TASKS: **Please attach a detailed job description with this application.**

EVIDENCE OF NEED: **Please provide rationale for funding request on separate page.**

SUPERVISOR'S NAME & POSITION: _____

SUPERVISOR'S CONTACT INFO: PH# _____ CELL# _____ FAX # _____

EMAIL: _____

(Signature of Community Centre President)

(Date)

Please ensure that you have attached the Community Centre's most current monthly financial statements (including all accounts and investments), a detailed job description and rationale for request. Without this information your application will NOT be considered.

Applications may be emailed, faxed or mailed to Cathy Schroeder
Address: c/o GCWCC; 2703A – 83 Garry St. R3C 4J9
Fax: (204)475-5812
Email: cathy@gcwcc.mb.ca