

## VOLUNTEER APPLICATION FORM

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Please e-mail, drop off, or fax your complete application to:  
Volunteer Coordinator, Provincial Services  
SaskAbilities  
Fax: 1+(306)373-2665  
E-mail: [volunteer@saskabilities.ca](mailto:volunteer@saskabilities.ca)

### PERSONAL INFORMATION

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

Preferred Salutation (ie. Ms., Miss., Mrs., Mr., Dr.): \_\_\_\_\_ Common Name: \_\_\_\_\_

Preferred Gender Pronoun (ie. He, She, They): \_\_\_\_\_

Are you 14 years of age or older? Yes    No

Date of Birth: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Date: \_\_\_\_\_  
(year optional if 19 or over)

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### CONTACT INFORMATION

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Ext. \_\_\_\_\_ May we contact you at work? Yes    No

E-mail Address: \_\_\_\_\_

What is your preferred method of being contacted (ie. Home phone, Text message, Email, etc.)?

Home Phone    Cell Phone    Text Message    Work Phone    E-mail

If text messaging is your preferred method of contact, do we have your permission to contact you by text message? Yes    No

Best time to call: \_\_\_\_\_ AM    PM

Address: \_\_\_\_\_ Apt No.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_

Are you volunteering as a part of a group? Yes    No    If Yes, please indicate the group's name:

\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### SKILLS AND EXPERIENCE

Do you have experience working people who have disabilities? Yes      No

If yes, please indicate the type(s) of disability, the nature of your experience, length of involvement, and duties carried out:

Volunteer/Work Experience:

Special Skills/Experience:

Profession:

Education:

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		<u>Fluency</u>	
LANGUAGES	Spoken	Written	Both

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Language: \_\_\_\_\_

#### AVAILABILITY

Please indicate the day(s) and time(s) that you are available:

	<b>Mornings</b>	<b>Afternoons</b>	<b>Evenings</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

Reason for Application:

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What are your interests?

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#### REFERENCES

Please provide contact information for at least two people who can support your application to volunteer. Please note, your references should not be family members.

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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I authorize SaskAbilities to use my information for the purpose of processing my volunteer application, and to contact me by e-mail, phone, or mail about the volunteer program. Yes    No

**Privacy Statement:** SaskAbilities protects your privacy and will not share information without your consent except as required by law.

**Please read the following:** By submitting this application, I agree to abide by the policies and guidelines in place at SaskAbilities, if I am accepted as a volunteer. I understand that volunteering is a responsibility and will fulfill the requirements and time commitments of my assignment to the best of my ability. Furthermore, I hereby certify that the information in this document is true and accurate.