|  |  |
| --- | --- |
| Volunteer Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |       |
| Street Address |       |
| City, Prov, Postal Code |       |
| Home Phone |       |
| Work Phone |       |
| E-Mail Address |       |

## Availability

### When are you available to volunteer your time?

|  |  |  |
| --- | --- | --- |
| [ ]  Weekdays only | [ ]  Weekends only | [ ]  Both |

## Interests

### Tell us in which areas you are interested in volunteering.

|  |
| --- |
| [ ]  Help with Event Preparations – *example: Family Weekend, Guy’s Getaway* |
| [ ]  Help Acquiring Silent Auction Items for Fundraising Events |
| [ ]  Promotional Activities |
| [ ]  Organizing Supplies/Inventory |
| [ ]  Childcare at Events |
| [ ]  Website Support and Updating |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|       |

## Previous Volunteer Experience

### Summarize any previous volunteer experience.

|  |
| --- |
|       |

## Emergency Contact Person

|  |  |
| --- | --- |
| Name |       |
| Street Address |       |
| City, Prov, Postal Code |       |
| Home Phone |       |
| Work Phone |       |
| E-Mail Address |       |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |       |
| Signature |       |
| Date |       |

### **Hemophilia Saskatchewan requires all volunteers to provide a recent Criminal Record Check prior to participating in any volunteer activities. Thank you for completing this application form and for your interest in volunteering with Hemophilia Saskatchewan**!