



Volunteer Application Form

Saskatchewan Division

complete both sides

Contact Information

Name: _____
first name *last name*

Address: _____
street *suite/apt.*

_____ *city/town* *province* *postal code*

Home Phone: _____ unlisted number message system

Work Phone: _____ you may contact me during business hours

Cellular Phone: _____

E-mail: _____ you may contact me by e-mail

Emergency Contact - Name: _____

Phone (Home): _____ (Bus): _____

Availability

Where are you available to work?

work from home work at MS Society office work at special events

What day(s) & time(s) are you available to volunteer?

call as needed regular placement preferred varies short-term

Please all that apply:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daytime							
Evening							

Other information: _____

Transportation

I have a valid Driver's License? **Yes/No** I have access to a vehicle for volunteer activities? **Yes/No**

Computer Skills

Please confirm which programs/skills you have experience with (*we use Microsoft programs*):

WORD Publisher EXCEL ACCESS PowerPoint Other: _____

General Information

Education/Training:

Present Occupation/Employment History:

Does your employer fund a work sponsor volunteer program? **Yes/No**

Hobbies/Skills/Interests:

Previous/Current Volunteer Experience:

Other Information:

Special Needs

If you have special needs, or will require special accommodations in your volunteer role, please discuss in person during your interview with staff and/or board representative before placement occurs.

If you have medical conditions and/or allergies, that we should be made aware of — please explain:

I hereby acknowledge that the information provided is accurate and complete and has been given at my personal discretion. I understand that this information will be kept confidential and will be solely used for my volunteer activities with the MS Society of Canada. I agree to participate in orientation and training sessions as requested, and to respect the confidentiality of all information I may have access to at the MS Society of Canada. A copy of our Privacy Policy may be obtained at any MS Society of Canada office by calling 1-800-268-7582 or at www.mssociety.ca. By completing this form, you hereby consent to the collection, use and disclosure by the MS Society of Canada of your personal information in accordance with the MS Society of Canada privacy policy. **Persons under the age of eighteen (18) must have the authorization of a parent/guardian to volunteer.**

I am under 18

I am over 18

Signature

date

Parent/Guardian authorization

date

Mail, fax or drop off completed form to:

MS Society of Canada—Saskatchewan Division
150 Albert Street; Regina, SK S4R 2N2

Fax: (306) 565-0477