



# 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  $\checkmark$  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:

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Present Occupation/Employment History:

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

Hobbies/Skills/Interests:

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Previous/Current Volunteer Experience:

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Other Information:

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## 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:

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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](http://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  
22—1739 Quebec Ave. Saskatoon, SK S7K 1V9

**Fax: (306) 665-3376**