



Date: _____

Volunteer Application Form

Name: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Email: _____ Birthday: _____

Occupation: _____

If student, what year & program? _____

How did you hear about volunteering at AIDS Saskatoon? _____

Please list other organizations where you have worked or volunteered in a helping capacity. _____

What makes you interested in volunteering here? _____

What can you bring to AIDS Saskatoon? _____

Areas of Interest:

- | | |
|--|--|
| <input type="checkbox"/> General Fundraising | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Office Support/Projects | <input type="checkbox"/> Community Education & Awareness |
| <input type="checkbox"/> 601 Outreach Centre | <input type="checkbox"/> Running Errands |

I'd like to share my skills/knowledge in: _____

Availability:

Mornings M T W T F	Afternoons M T W T F	
Evenings Y N	Weekends Y N	Short Notice Y N

Do you have access to a vehicle? Y N

Do you prefer to be contacted by: _____Phone _____Email

On a separate page or on the reverse, please provide the names, phone numbers and addresses of three people who could provide a reference for you (no relatives, please). Optionally, attach a resumé.

When you have completed this form, please email to volunteer@aidssaskatoon.ca, or mail/fax to the address below. After it's received, the Communications & Volunteer Coordinator will contact you to set up time for a tour and/or interview.

Thank you!