

445 Hoffer Drive  
Regina, Saskatchewan  
Canada S4N 6E2  
ssc@sasksafety.org  
306.757.3197  
1.855.280.7115

# Volunteer Application Form

## Applicant Details

Application Date: \_\_\_\_\_

Community of Residence: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Method of Contact?:  Text Message  Phone  Email

Are you volunteering as part of a corporate volunteer program?  Yes  No

Please list volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Availability

Weekday  Evening  Weekend  Flexible

## Students Only

Name of School: \_\_\_\_\_

Current level of Education: \_\_\_\_\_

Is this a requirement for a class?  Yes  No

If Yes, please check how many volunteer hours are required:  10  20  40  60+

*Creating a Province of Safety Excellence*

**[www.sasksafety.org](http://www.sasksafety.org)**



## Education and Training

Highest grade attained: \_\_\_\_\_

Degrees, Certificates, diplomas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Declaration

Are you a resident of the province of Saskatchewan?  Yes  No

Have you ever been convicted of a criminal offence for which you have not been pardoned?

Yes  No

Do you have a disability/ medical condition which might affect your ability to perform certain volunteer functions?  Yes  No

Is there any reason you may not wish your image (photo or video) to be made public on our website and social media channels?  Yes  No

I, \_\_\_\_\_ understand that the Saskatchewan Safety Council may require verification of information contained in and related to this application in considering my suitability for any volunteer position. I hereby request and authorize anyone approached by the Saskatchewan Safety Council to provide them with any and all information requested to the best of their ability. I further understand and agree that any omission, false or misleading statement may result in dismissal if I am accepted as a volunteer. A photographic copy of this authorization shall be as valid as the original.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/legal guardian if applicant is Age 16 or Under

## Additional Information

Describe the personal interests, qualifications, or work experience that you feel make you an asset in the type of volunteer work for which you are applying:

---

---

---

---

---

How did you learn about our volunteer program?

- Council Website     Facebook     Twitter     YouTube     School  
 Friend     Tradeshow     Safety Council Employee

## Security and References

Please complete or provide all that are checked. The fees for which will be reimbursed.

- Photograph – Used for identification and creation of Volunteer ID badge.
- Drivers Abstract
- Criminal Record Check – Volunteer
- Vulnerable Sector Check

### Contact for Workplace Confirmation

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### School Contact

Name: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_

### References

Please provide 2 references.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_