

Date: _____

Volunteer Application Power of Many Volunteer Program

Name: _____

Address: _____

Phone (home): _____ Phone (cell/work): _____

Email: _____ Birthday: _____

Emergency Contact: _____ Phone: _____

Languages spoken: _____ Occupation: _____

How did you hear about the Power of Many program? _____

Why are you interested in volunteering with Power of Many? _____

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

Areas of Interest:

- | | |
|--|---|
| <input type="checkbox"/> Special Events/Fundraising
<input type="checkbox"/> Office Support
<input type="checkbox"/> 601 Drop In
<input type="checkbox"/> Special Programming
<input type="checkbox"/> Community Education
<input type="checkbox"/> I'd like to share my skills/knowledge in: _____ | <input type="checkbox"/> Nutrition Programming
<input type="checkbox"/> Projects/Event Prep
<input type="checkbox"/> Bingo
<input type="checkbox"/> SHCS Clinic
<input type="checkbox"/> Other: _____ |
|--|---|

Availability:

Mornings M T W T F Afternoons M T W T F Evenings M T W T F

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

May we leave a phone message? Y N

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 powerofmany@shaw.ca, mail to Box 4062, Saskatoon, SK S7K 4E3, or fax to/drop off at either of the organizations below.

Thank you for your interest in the Power of Many Volunteer Program!



AIDS Saskatoon
 1143 Ave. F N., Saskatoon, SK S7L 1X1
 phone: 242-5005 fax: 665-9976
powerofmany@shaw.ca
<http://www.aidssaskatoon.ca>

Sexual Health Centre Saskatoon
 #301 – 115 2nd Ave. N., Saskatoon, SK S7K 2B1
 phone: 244-7989 fax: 652-4034
info@sexualhealthcentresaskatoon.ca
<http://www.sexualhealthcentresaskatoon.c>

