



**Autism
Services**
of Saskatoon

209 Fairmont Drive
Saskatoon SK S7M 5B8
(306) 665-7013
admin@autismservices.ca

Volunteer Application Form

General Information		
Mr. ___ Mrs. ___ Ms. ___ Miss. ___	Today's Date:	
Name: Last	First	
Address:	Apt./Unit#	
City:	Postal Code:	
Email Address:		
Home Ph#	Cell Ph#	Business ph#
Other Languages Spoken Fluently		

Emergency Notification		
Name:	Relationship:	
Home Ph#	Cell Ph#	Business Ph#

Health and Safety	
Are you in good health? Yes ___ No ___ if no, please explain:	
Any physical limitations to your activities?	

Work and Education History			
Are you currently a student? Yes ___ No ___ Full time ___ Part time ___			
Diploma/Degree?	Specialization:		
Your level of education currently completed:			
High School __ (__yr)	College __ (__yrs)	University __ (__yr)	Other _____
Are you currently employed? Yes ___ No ___ Full time ___ Part time ___ Retired ___			
If yes, where?	Phone#		
Job Title:			
Work Experiences:			

References		
Name:	Position:	Phone #:
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Volunteer Experience

If you have volunteered before, please complete:

Name of organization or agency:

Type of Volunteer Activity:

Other Community Involvement:

Have you had previous experience working with children? Yes ___ No ___

What are your reasons for volunteering?

Put spare time to use ___

Interest in community activity ___

To establish work record ___

Experience for career ___

Desire to help others ___

Contact with Autism ___

Share with us something about yourself

Experience with children, interests, hobbies, etc.



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Areas of interest – what type of work would you enjoy most		
Recreation Programs____	Fundraising____	Library____
Office Projects____	Newsletter____	

Time Availability							
	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM (9 – 12)							
PM (1 – 4)							
PM (4 – 7)							
Eve (7 – 9)							

Confirmation	
<p>By submitting this application I hereby affirm that:</p> <ul style="list-style-type: none"> • All information is true and accurate • I will respect the confidentiality of information regarding the children I work with; • I consent to a Police Reference Check and affirm that there are no criminal charges on that form; and, • I give Autism Services permission to check references prior to placement. 	
<p>Signed: _____ {your full name}</p>	
<p>Date: _____ / _____</p>	

Subject to our placement opportunities and your suitability, you will be contacted regarding an on-site interview. All volunteers are required to submit a Police Records Check including a vulnerable sector search.

For office use only		
	Date	Initials
Application received		
Interview		
References checked		
Police check		
Orientation		
File created		