



Allan Blair Cancer Centre/Saskatoon Cancer Centre

Volunteer Application

Please note that we expect applicants to commit to a minimum of 40 hours of volunteering.

| Contact Information |
|---|
| Name: _____ |
| Address: _____ |
| City: _____ Province: _____ Postal code: _____ |
| Primary phone: (_____) _____ Alternate phone: (_____) _____ |
| Email: _____ |

| Emergency Contact |
|---|
| Name: _____ |
| Relationship to applicant: _____ |
| Primary phone: (_____) _____ Alternate phone: (_____) _____ |

| Employment |
|-------------------|
| Occupation: _____ |
| Employer: _____ |

| Students Only |
|---|
| Currently enrolled in: <input type="checkbox"/> High School <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Other |
| Name of school: _____ |
| Area of study: _____ |
| Is this a requirement for a class/community service: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: _____ _____ _____ |

Background

Please list any previous volunteer experience:

Please describe personal qualifications or work experience that you feel would be an asset in a cancer centre setting:

Availability

I would like to volunteer at the: Allan Blair Cancer Centre Saskatoon Cancer Centre

Please indicate below all days and times that you are currently available to volunteer. Morning shifts are 8:00 a.m. to 12:00 p.m. and afternoon shifts are 12:00 p.m. to 4:00 p.m. unless otherwise arranged.

| | | |
|------------|----------------------------------|------------------------------------|
| Monday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Tuesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Wednesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Thursday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Friday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |

References

Please provide three references. These can include past/present employers, teachers, co-workers and clergy. One reference can be completed by a family member or friend.

1. Reference name: _____ Relationship to applicant: _____
Primary phone: (_____) _____ Alternate phone: (_____) _____
2. Reference name: _____ Relationship to applicant: _____
Primary phone: (_____) _____ Alternate phone: (_____) _____
3. Reference name: _____ Relationship to applicant: _____
Primary phone: (_____) _____ Alternate phone: (_____) _____

Criminal Record Check

You will be required to provide a criminal record check. This can be acquired through the Regina Police Service, Saskatoon Police Service or the RCMP for those in rural areas. Applicants must pick up a letter from either the Allan Blair Cancer Centre or Saskatoon Cancer Centre before completing the criminal record check.

Confidentiality Agreement

Volunteers in the cancer centres interact with clients, patients, residents, family members and staff and must respect their right to privacy. All volunteers are required to sign the Saskatchewan Cancer Agency’s confidentiality agreement.

In signing this application form, I agree:

1. That the information provided is accurate and complete.
2. To grant permission for the Saskatchewan Cancer Agency to contact my references.

Signature

Date

If under 18 years of age, parental consent is required:

My son/daughter _____ has my consent to volunteer with the Saskatchewan Cancer Agency.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

Please submit this form to:

Laura O’Brien, Coordinator of Volunteer Services
 Allan Blair Cancer Centre
 4101 Dewdney Avenue
 Regina, SK S4T 7T1
 Fax: 306-766-2322
 Email: laura.obrien@saskcancer.ca
 Phone: 306-766-2512

Erin Bentley, Coordinator of Volunteer Services
 Saskatoon Cancer Centre
 20 Campus Drive
 Saskatoon, SK S7N 4H4
 Fax: 306-655-2626
 Email: erin.bentley@saskcancer.ca
 Phone: 306-655-2688

There may be a wait period before a volunteer position becomes available. Applications are held for one year. You are welcome to reapply at that time.

Information on this form is being collected for the purpose of determining your eligibility to volunteer with the Saskatchewan Cancer Agency. It will not be shared with outside sources.