



### 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:

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

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## 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 a.m. to 12 p.m. and afternoon shifts are 12 p.m. to 4 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](mailto:laura.obrien@saskcancer.ca)  
Phone: (306) 766-2512

Cindy Beale, Coordinator of Volunteer Services  
Saskatoon Cancer Centre  
20 Campus Drive  
Saskatoon, SK S7N 4H4  
Fax: 306-655-2626  
Email: [cindy.beale@saskcancer.ca](mailto:cindy.beale@saskcancer.ca)  
Phone: (306) 655-2688

There may be a wait period before a volunteer position becomes available. Applications are held for 1 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.*