



YWCA
REGINA

A TURNING POINT
FOR WOMEN
UN POINT TOURNANT
POUR LES FEMMES

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Volunteer Application Form

Personal Information

Name: _____

Address _____

City/Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

Have you volunteered with YWCA Regina before? Yes, If so in what capacity? _____
 No

Employment / School Information

(Fill out areas that apply)

Current Occupation: _____ Employer: _____

or
Current School: _____ Grade: _____

References

Name: _____

Phone: _____ E-mail: _____

Relationship: _____

Name: _____

Phone: _____ E-mail: _____

Relationship: _____

Additional Information

What area of the YWCA would you like to volunteer in?

- Social Programs Encore Market Children's Housing Women's Housing
 Childcare Wellness Board of Directors Advocacy Committee
 Funds Development

Would you like to develop a specific skill? If yes, please specify:

How did you hear about this volunteer opportunity?

Availability

Please specify the times you would be available for volunteer work.

Weekdays

- Any day or time
- Mornings
- Afternoons
- Evenings

Weekends

- Any day or time
- Mornings
- Afternoons
- Evenings

Other

- Special events
- Occasional One-time Events

Do you have any preferred days or hours you wish to work? If yes, please specify.

Are there any days or hours you are NOT available?

How long of a commitment are you willing to make?

Please note a Criminal Record Check will be required for those over 18 years of age.