

**Saskatoon Office**  
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**SASKATCHEWAN DEAF AND HARD OF HEARING SERVICES**  
**VOLUNTEER APPLICATION FORM**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

2. In case of emergency notify: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

4. **Present or previous volunteer roles:**

\_\_\_\_\_

5. **Frequency with which you choose to volunteer:** (please circle preference)

Daily                      2x/week                      Weekly                      Every Two Weeks                      Monthly

6. **Hours and days available:** (please circle)

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday

Morning      Afternoon      Evening      Holidays

7. **Length of time you can volunteer at each visit:** (please circle preference)

1 hour                      2 hours                      3 hours                      longer

8. **Special Interests/Hobbies:**

arts/crafts      graphic art      driving      music      drama      public relations      travel  
clerical      language      reading      sports      others: \_\_\_\_\_

9. **Referral Agency/Recognized Group/ Reference**

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*Please include a criminal records check from the City Police\*\*\*