



INTERNATIONAL WOMEN OF SASKATOON (IWS)

IWS VOLUNTEER APPLICATION

Please Print and Complete Both Sides

First Name: _____ Last Name: _____

Preferred name: _____ Date of Birth: _____ Gender: Female Male Other

Address: _____ City: _____ Postal code: _____

Telephone #: _____ Alternate Telephone #: _____

Email: _____

Preferred Method of Contact: Email Telephone

Emergency Contact:

Name: _____ Relationship: _____

Phone #: _____ Email: _____

Occupation(s): _____

Education/Training Background: _____

Previous Volunteer Experience: _____

Languages Spoken: _____

Languages Written: _____

Skills/Interests/Hobbies: _____

Briefly state why you are interested in volunteering with IWS, and what you hope to gain from the experience: _____

Please check the IWS volunteer work that interests you:

- | | |
|--|---|
| <input type="checkbox"/> Teaching EAL Classes | <input type="checkbox"/> Children/Youth Program Support |
| <input type="checkbox"/> Assisting EAL Classes | <input type="checkbox"/> General Program Assistance |
| <input type="checkbox"/> One-on-One Tutoring/Mentorship | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Facilitation of Group Sessions (<i>Fitness, Coffee & Conversation, Arts/Crafts, Cooking/Baking, etc.</i>) | <input type="checkbox"/> Assisting with Special Events |
| <input type="checkbox"/> Childminding | <input type="checkbox"/> IWS Ambassador (<i>working an IWS booth at city-wide events</i>) |



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Are you willing to commit to volunteering for a minimum of 3 months? Yes No

Times Available for Volunteer Work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Please indicate when you are available to start volunteering: _____

How many hours per week are you able to volunteer: _____

How did you hear about IWS' volunteer opportunities:

- Friend/Family
- Facebook/Twitter/Instagram
- Poster
- Volunteer Fair
- IWS Website
- IWS Staff/Member/Board Member (Name) : _____
- Other Organization/Agency : _____
- Other: _____

Signature of Applicant: _____ Date: _____

*If you are submitting by email, please send your application to: **volunteer@iwssaskatoon.org***