SASKATCHEWAN WHEELCHAIR SPORTS ASSOCIATION

Email: jen@swsa.ca

Volunteer Application Form

Personal Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

Education

School	School Name and Course of Study
High School	
Post-Secondary	
Other	
Special Training (CPR, First Aid, Etc)	

What is your availability?

Do you need paperwork to be filled out and signed for volunteer hours? _____

What sports are you interested in helping with?

- ☐ Wheelchair Basketball
- ☐ Wheelchair Tennis
- ☐ Wheelchair Rugby
- ☐ Other _____

Sign: _____ **Date:** _____

Please note that all volunteers are required to have a Criminal Record Check done at their local detachment. SWSA will write you a letter confirming you are a volunteer with our association when your application has been processed.