Last updated: April 1st, 2020



Volunteer Application Form

| FIRST NAME: | LAST NAME: |
|--|---------------------------|
| ADDRESS: | CITY: |
| PHONE #: | EMAIL: |
| EMERGENCY CONTACT: | RELATIONSHIP: |
| PHONE #: | |
| Please indicate the volunteer areas that interest y | ou: |
| ☐ Needle Exchange Program *Must be 18 to volunteer* | |
| ☐ Packing Parties (packaging condoms, informational brochures, etc.) | |
| ☐ Education Services (community educators, educ | ation information tables) |
| ☐ Special Events (Fundraising & awareness events) | |
| Please indicate any skills that could be useful with APSS. | |
| | |
| Availability (please check off the times): Daytime □ Evenings □ Weekends □ Flexible □ | |
| | |

All volunteers are required to obtain a Criminal Record and Vulnerable Sector Check before starting their volunteer position. Record checks can be obtained at the Regina Police Service.