



## VOLUNTEER INFORMATION FORM

*This information is being collected for volunteer coordination only and will not be given out to other departments or individuals.*

Name: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have a Criminal Record?  Yes  No

Are you willing to consent to a Criminal Record Check, at WDM expense, should the Museum require such a check?  Yes  No

What are you interested in doing at the WDM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills and interests will you bring to the WDM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill-in and send this form to one of the following:

WDM Moose Jaw  
Ph: 306-693-5989  
[moosejaw@wdm.ca](mailto:moosejaw@wdm.ca)

WDM North Battleford  
Ph: 306-445-8033  
[cstewartrahm@wdm.ca](mailto:cstewartrahm@wdm.ca)

WDM Saskatoon  
Ph: 306-931-1910  
[bmundell@wdm.ca](mailto:bmundell@wdm.ca)

WDM Yorkton  
Ph: 306-783-8361  
[smassicotte@wdm.ca](mailto:smassicotte@wdm.ca)

Corporate Office (Saskatoon)  
Ph: 306-934-1400  
[kflynn@wdm.ca](mailto:kflynn@wdm.ca)

Thank-you for your interest in volunteering for the WDM! We will be in touch with you soon!