



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

WDM North Battleford
Ph: 306-445-8033
cstewartrahm@wdm.ca

WDM Saskatoon
Ph: 306-931-1910
bmundell@wdm.ca

WDM Yorkton
Ph: 306-783-8361
smassicotte@wdm.ca

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

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