TECHNOLOGY PROFESSIONALS SASKATCHEWAN

381 Park Street Regina SK S4N 5B2
306.721.6633 | info@tpsk.ca | tpsk.ca
TPS - the business name of SASTT

VOLUNTEER PROFILE FORM

PERSONAL INFORMATION:

☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. Registration No.: _____

Name: _____ _____ _____
First **Middle Initial** **Surname**

Apartment/Suite No.: _____ Street: _____ Box No.: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Numbers (include area code) Home: _____ Cell: _____

Email*: _____
***** Generic email addresses are **not accepted** (i.e.: abcflowers@)

Employer's name: _____

Job Title: _____

Phone Numbers (include area code) Work: _____ Cell: _____

Work Email*: _____

Availability: _____
e.g. Anytime, lunchtime only, after work hours, weekends, variable, depends on work schedule, etc.

QUALIFICATION:

1. _____
2. _____
3. _____

Why are you interested in becoming a TPS volunteer?

_____

_____

_____

What involvement, if any, have you had with TPS previously?

_____

_____

_____

How did you hear about TPS?

_____

_____

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