Health Sciences Association of Saskatchewan

COMMUNITY ENGAGEMENT VOLUNTEER FUND APPLICATION

The guidelines listed on the reverse of this form will be used as part of the process for the approval and acceptance of all applications; please read them carefully before filling out and submitting your application. Completed applications should be sent to the Saskatoon HSAS office.

PLEASE PRINT OR TYPE

Name of Member: _____
(Last) (First) (Initial)

Address: _____
Street/Box No. City/Town Postal Code

Telephone: (cell) _____ Email: _____

Date Employment Commenced: _____

Health Care Facility: _____

Department/Section: _____ Profession: _____

Name and description of event: _____

Location of event: _____

Expected number of volunteer hours to be donated to this event? _____

Have you previously received sponsorship funding from HSAS? YES ☐ NO ☐

Suggested donation amount: _____

Charitable Organization Name: _____

Charitable Registration Number: _____

Contact information to which funds should be directed to and addressed:

_____

I certify that the information submitted in this application is true and correct. I hereby authorize the Finance Committee to validate any of the aforementioned information, if required.

Member's signature _____ Date _____

Office Use Only

Amount awarded for this event: _____

Comments: _____

Treasurer's signature _____ Date _____

Rev 7/2026 Updated format and address (Original 7/17)

SUBMIT TO: HSAS #2305 Hanselman Place Saskatoon, SK S7L 6A9 hsasstoon@hsas.ca
Tel.: (306) 955-3399 Toll-Free: 1-888-565-3399 Fax: (306) 955-3396

APPLICATION GUIDELINES

Who is eligible?

Only members of HSAS are eligible to apply.

What is the purpose?

The purpose of this fund is to encourage HSAS members to be involved in their community and to volunteer for events and causes meaningful to them.

Application Procedure

- HSAS Members must fill out and submit the application form at least 30 days prior to the event commencing.
- HSAS Members can be granted up to $500.00 per fiscal year.

Required Documentation

- Application Forms: Only an original application form will be accepted.
- Donations will not be provided unless completed event summary is received at the HSAS office within 2 weeks of the completed event.

Administration

- Funds will be awarded on a first come, first served basis.
- In order to be considered, application forms must be properly completed and follow the guidelines and procedures outlined.
- Amount donated and determined by the Finance Committee.
- The winner will allow their name to be posted on the website, **www.hsas.ca,** and be used in any advertising campaigns.

Personal Information

HSAS will only use and disclose the personal information collected in connection with this application for the purposes of evaluating and processing the application, validating the information provided and any other purpose as required by law. For information regarding privacy policies of HSAS, please see our web site, **www.hsas.ca**, or contact our office.