



## Four Leaf Clover Volunteer Application Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Please circle the volunteer opportunities you are interested in:

Transportation

Companionship Visits

Reassurance Telephone Calls

Advisory Council

To mail or drop off the application:

Four Leaf Clover

c/o Catholic Family Services

974 Albert St

Regina, SK S4R 2P7

OR Fax: 522-3775

Email: [cfsregina@sasktel.net](mailto:cfsregina@sasktel.net)