

Children's Rehabilitation Foundation VOLUNTEER APPLICATION FORM

Date: _____

Demographic Information

____Mr. ____Mrs. ____Ms. ____Dr.

Last Name: _____ First Name: _____

Address: _____ Apt. No. _____ City/Town: _____

Province _____ Postal Code _____ E-Mail: _____

Phone: Home _____ Business _____ Other (cell/fax): _____

I prefer to receive calls at: Home Business Best Time: _____

Birth date if under 18 years of age: _____

NOTE: A Guardian Awareness Statement must be completed by applicants 16 years or younger.

Volunteer Interests

Are you receiving credit for your volunteer work? Yes No Required # of hours _____ By When? _____

What type of volunteer work are you interested in?

What are your personal goals for the volunteer experience? (What do you hope to get out of the experience?)

Please describe any related work experience, education, skills or volunteer experience that would assist you in volunteering at CRF.

Availability

Please check the preferred time periods that you are available to volunteer.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Weekend |
|-----------|--------|---------|-----------|----------|--------|---------|
| Morning | | | | | | |
| Afternoon | | | | | | |
| Evening | | | | | | |

Are you interested in being a virtual volunteer? yes no

How often would you like to volunteer? once a week once a month 2 to 3 times a month
 every second month 4-6 times a year once a year

Are there times of the year you are not available to volunteer? i.e. vacation

Health Information

Please list any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a volunteer placement.

Who would you like us to contact in case of an emergency?

Name: _____ Phone : Home _____
 Work _____
 Cellular _____

Guardian Awareness for Applicants Under 16 years of age:

I, _____ hereby give
 (*print name of guardian*)

my permission for _____
 (*name of volunteer*)

to volunteer at the Rehabilitation Centre for Children.

Date _____

 (*signature of guardian*)

References

Please list **three current** references such as past /present employers, teachers/instructors, youth group leaders, colleagues or a supervisor from a volunteer experience. We also accept signed reference letters that are current and on the organization’s letterhead.

Please ensure you have the correct phone number of your three references.

| Name | Organization | How do you know this person? | Day-time Phone No. |
|------|--------------|------------------------------|--------------------|
| | | | |
| | | | |
| | | | |

I hereby authorize the Volunteer Coordinator of the Children’s Rehabilitation Foundation to contact the above named references to ascertain my suitability as a volunteer. I hereby release CRF from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer Coordinator to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.

Disclaimer: Because we take our responsibility for patients seriously, we screen all our applicants thoroughly. While we try to place every prospective volunteer, management reserves the right to reject any applicant.

Signature of Applicant: _____ **Date:** _____