

Your Family Leader Application

Thank you very much for your interest in becoming a Family Leader at Holland Bloorview Kids Rehabilitation Hospital and/or the Bloorview Research Institute. We value your feedback and we're excited to meet with you!

As a next step, we ask you to please complete the application package. The application package includes the following two (2) documents:

- An application form
- Two (2) reference forms

If you'd prefer to give us a paper submission, the reference forms should be submitted in sealed envelopes with the signature of the person who completed the form across the seal of the envelope. Employment and/or volunteer references are preferred when possible; however we will also accept teachers, community leaders or other non-family references.

One (1) of your references can be Holland Bloorview staff.

How to submit:

Paper submission: The application and references should arrive as one complete package please. It can be delivered in person to main reception or mailed to:

**Holland Bloorview Kids Rehabilitation Hospital
Attn: Lori Beesley, Family-Centred Care Specialist
150 Kilgour Road
Toronto, ON M4G 1R8**

Electronic submission: You may email your application form to familypartner@hollandbloorview.ca

Please ask whoever is filling out your reference forms to email them directly to: familypartner@hollandbloorview.ca

Should you have any questions, please feel free to contact:

familypartner@hollandbloorview.ca or
by telephone at 416-425-6220 ext. 6337

For further Family Leadership Program info, please visit our website:
HollandBloorview.ca/ClientFamilyResources/ClientFamilyCentredCare

Contact Information	Last Name:		Given Name:	
	Street Address:			
	Apt/Suite:	City:		Postal Code:
	Home #:		Cell #:	Work #:
	Email Address:			
	Best way to contact you: Home Phone Cell Phone Work Phone Email			
	Any additional language you speak other than English:			
Hospital Affiliation & Roles of Interest	How are you connected to Holland Bloorview? Are you a:			
	Current/former client		Parent of current/former client	
	Sibling of current/former client		Other:	
	Availability: What kind of commitment are you able to give at this time?			
	Once a week	Once a month		Once in a while, with notice
	In what role would you like to become an active participant?			
	Family Advisor		Research Advisor	
	Family Mentor		Research Reviewer	
Family as Faculty		Research Communicator		
Family Advisory Committee		Research Family Engagement Committee		
Pre-Interview Questions	Why do you want to partner with Holland Bloorview as a client/family leader?			
Declaration	Please read and initial the following statements.			
	I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission may result in my dismissal if I am accepted as a volunteer.			
	If 18 years or older, I consent to a Criminal Record Check and Vulnerable Sector Search.			
	I am submitting two (2) professional confidential references with this application.			
	I agree to submit to the Communicable Disease Surveillance Protocol as required by the Ministry of Health.			

I hereby authorize Holland Bloorview Kids Rehabilitation Hospital to obtain references from any or all of my employers/volunteer supervisors in connection with my application for volunteering. As a condition of volunteering, in addition to my reference checks, I authorize that a Police Records Check is conducted. I understand that volunteering is conditional upon receipt of satisfactory references and upon receiving a Police Records Check that is either negative (i.e. no criminal record) or is free from indication of any criminal activity that would represent a risk to clients, families, staff, volunteers and visitors.

Have you ever been convicted of a criminal offence for which a pardon has not been granted?	Yes	No
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Date: _____ Signature: _____
DD/MM/YYYY