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 process. The process includes completing the following two (2) parts:

- An application form
- Two (2) references

Employment and/or volunteer references are preferred when possible; however we will also accept references from teachers, community leaders or other non-family/friends. One (1) of your references can be a Holland Bloorview staff member.

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.

How to submit:

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

Holland Bloorview Kids Rehabilitation Hospital  
Attn: Jean Hammond or Julia Kowal  
Family Leadership Program, 150 Kilgour Road  
Toronto, ON M4G 1R8

Electronic submission: You may email your application form to familypartner@hollandbloorview.ca  
Please ask your references to complete the electronic reference form at https://www.surveymonkey.com/r/familyleadervolunteer

Should you have any questions, please feel free to contact: familypartner@hollandbloorview.ca or 416-425-6220 ext. 3319 or 6302

For further Family Leadership Program information, please visit our website: hollandbloorview.ca/ClientFamilyResources/ClientFamilyCentredCare
Family Leadership Program
Volunteer Application Form

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: _______________________

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

[ ] Other

Please describe a recent volunteer and/or work experience:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Why do you want to partner with Holland Bloorview as a Family Leader?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please read and initial the following statements.

[ ] Should I be accepted as a Family Leader, I agree to serve a minimum of 10 hours per year in this volunteer role.

[ ] 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, 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

Date: ___________________________ Signature: ___________________________

DD/MM/YYYY

The personal information you provide to us on this form allows us to maintain a volunteer program at Holland Bloorview. We collect and use this information under the authority of the Public Hospitals Act. Your personal information will not be shared with anyone outside of Volunteer Resources and the Family Leadership Program Selection Committee unless you consent to sharing it. If you have questions, please contact the privacy office at 416-425-6220 ext. 3467 or privacy@hollandbloorview.ca.