

Holland Bloorview

Kids Rehabilitation Hospital

Processing Your Volunteer Application

Thank you for your interest in volunteering at Holland Bloorview Kids Rehabilitation Hospital.

We can only consider completed application packages with all documents. Completed applications must include the following three (3) documents:

Email volunteers@hollandbloorview.ca with the following documents attached and the subject line "Volunteer Application: *"First Name Last Name"*":

- Completed application form,
- Resume and cover letter (optional but preferred),
- Contact information (full name, email address, telephone number) of two professional references. **Employment and/or volunteer references are preferred.**
 - ❖ Your references will be emailed a link to a confidential reference form, to be submitted electronically. We request that reference forms be completed within 14 days of receiving the web link. Please check with your references before submitting their contact information to ensure that they can satisfy this requirement, and advise them that they will receive the reference link at the email address provided. Due to a high volume of applications, we are not able to provide further prompting to references after emailing the initial reference check notification with web link.
 - ❖ Applicants selected for interview will be contacted by email. Please note that due to Active Screening processes at the hospital for the novel coronavirus (COVID-19), and for applicant convenience, opportunities to interview remotely for Summer 2020 positions (e.g. via web meeting) will be available.

Incomplete application forms: If we receive an incomplete application, (for example, if both reference forms are not completed within 14 days), it will be held in Volunteer Resources for three months. After that time potential applicants must reapply through the above process.

Should you have any questions, please contact Volunteer Resources:

volunteers@hollandbloorview.ca or by telephone at 416-422-7031

For Program Information, Commitment Requirements and Frequently Asked Questions please visit: www.hollandbloorview.ca/volunteer

I would like to volunteer:		Year Round /School Year		March Break		Summer		
		High School Co-op Semester:		1st		2nd		
Personal Information	Last Name:			Given Name:				
	Street Address:							
	Apt/Suite:		City:			Postal Code		
	Home #:			Cell #:			Work #:	
	Email Address:							
	Age Range: 18+ 17 16 15 (with Bronze Medallion/Bronze Cross)							
	Date of Birth if under 18 years: DD ___ MM ___ YYYY ___							
	Education Level:		High school		Undergraduate Degree		Diploma/Certificate Post-graduate Degree/Certificate	
Skills & Talents	Please select any skills/talents you have:							
	Arts/Music		Bronze Cross		Bronze Medallion		Dance	
	Drama		NLS/Lifeguard		Sports		Swimming	
	Teaching Experience				Experience Working With Children			
	Other:							
	Please describe a recent relevant volunteer or work experience:							
Briefly describe how your experience lends itself to volunteering with children with disabilities:								
Affiliation	Do you have an affiliation with Holland Bloorview?							
	Current/former client				Family member of current/former client			
	Family member of current/former staff				Former volunteer/staff			
	Friend of current/former volunteer				Other:			
Areas of Interest	Please list your top 3 preferences for Program Choice.							
	Please be advised that we cannot guarantee placement in preferred programs							
	1.				2.			
	3.				Wherever I'm needed			
Availability to Volunteer	How many hours can you commit to Volunteer? (check the most appropriate)							
	Year Round/School Year: ___ hours/week				March Break: 40 hours total for one week			
	Summer:		July Only 30-40 hrs/wk		July-August 15-20 hrs/wk		August Only 30-40 hrs/wk	
	Please indicate the day(s)/time(s) you would be available to volunteer:							
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Morning: 8:30 a.m. – noon							
	Lunch: 11:30 a.m. – 1:00 p.m.							
	Afternoon: 12:30 p.m. – 4:00 p.m.							
Afterschool: 4:00 p.m. – 6:00 p.m.								
Evenings: 5:30 p.m. – 8:30 p.m.								

Interview Availability	Should I be selected, the best time to schedule an interview would be: (please check all boxes that apply)							
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Morning							
	Afternoon							
	Evening							

Declaration	Please read and initial the following statements.	
		I certify that I am 15 years of age or older and 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.
		I understand that not everyone who applies is accepted into the Volunteer Program.
		If 18 years or older, I consent to a Criminal Record Check and Vulnerable Sector Search.
		I am submitting two (2) professional confidential references and my resume and cover letter with this application. We cannot accept references written by family, friends or friends of the family.
		Should I be accepted as a Holland Bloorview volunteer, I agree to serve the hours agreed on with my interviewer (40 hours March Break, 75 hours Year Round/School Year, 100-150 hours Summer).
		I agree to submit to the Communicable Disease Surveillance Protocol as required by the Ministry of Health.
	Once accepted, I understand that I will be evaluated and provided feedback on my volunteer performance.	

Parental Consent	Parent/Guardian signature is required for all applicants under the age of 18.	
	I, hereby, give consent for the applicant to volunteer at Holland Bloorview Kids Rehabilitation Hospital. I understand that my child/dependent must fulfill all program requirements and commit to their shifts for the entire duration of the session in order to receive any documentation. I confirm that the information provided on this application is accurate to the best of my knowledge.	
	Should your child/dependent be accepted as a volunteer in this program, individual schedules will be provided once his/her placement has been confirmed.	
	Parent/Legal Guardian Signature:	
	Printed name:	
	Nature of relationship:	
Date:		

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

Date: _____
MM/DD/YY

Signature: _____

**Return to Main Reception or by mail to:
Holland Bloorview Kids Rehabilitation Hospital, Volunteer Resources
150 Kilgour Road, Toronto, ON, M4G 1R8**