

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. A completed application package must include the following three (3) documents:

- ❑ A completed application form (Complete electronically. Print and sign to submit)
- ❑ Two (2) reference forms: (Completed electronically by your references and then printed and signed)
- ❑ Resume with Cover Letter (optional)

Each completed reference forms must be submitted in **sealed envelope with the reference's signature** across the seal of the envelope. The envelope must not be opened by the applicant. **Employment and/or volunteer references are preferred.** Should you not have employment or volunteer references, we will consider teachers, community leaders or other professional references.

The above documents should arrive as **one complete package** and can be delivered in person to main reception or mailed to:

**Holland Bloorview Kids Rehabilitation Hospital
Attn: Volunteer Resources
150 Kilgour Road
Toronto, ON M4G 1R8**

Incomplete Application Forms: If we receive an incomplete application package, 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	<input type="checkbox"/>	Bronze Cross	<input type="checkbox"/>				
	Drama	<input type="checkbox"/>	NLS/Lifeguard	<input type="checkbox"/>				
	Teaching Experience	<input type="checkbox"/>	Experience Working With Children	<input type="checkbox"/>				
	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?							
	<input type="checkbox"/>	Current/former client	<input type="checkbox"/>	Family member of current/former client				
	<input type="checkbox"/>	Family member of current/former staff	<input type="checkbox"/>	Former volunteer/staff				
	<input type="checkbox"/>	Friend of current/former volunteer	<input type="checkbox"/>	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: _____
DD/MM/YYYY

Signature: _____

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