



Volunteer Application Form

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| For Office Use ONLY RE # Date: |
|--------------------------------------|

Contact Information

Full Name: _____

Current Address: _____

City: _____ Postal Code: _____

Phone (Preferred): _____ Alternate Phone: _____

Email (Preferred): _____ Alternate Email: _____

Please indicate if Phone/Email are Work (W), Home (H), or Cell

Emergency Contact Information

Full Name: _____

Phone (Daytime): _____ Home/Cell Phone: _____

Email: _____

Relationship: _____

General Information

The minimum age to volunteer at Children’s Health Foundation is 14 years old, for some volunteer opportunities the minimum age may be 18 years old. Applicants between the ages of 14-17 must have a parent/guardian signature on their application form and must be accompanied by an adult during volunteer activities. Please specify your age range:

Between 14-17

Over 18

Do you have other volunteer experience?

| Role | Organization | Year(s) |
|------|--------------|---------|
| | | |
| | | |

What skills and experiences could you share with the Foundation?

Clerical Work

Event Planning

Children’s Activities

Physical Work (lifting boxes)

Committee Involvement

Public Speaking

Computer Skills

Writing Skills

Other _____

Certificates / Training

Smart Serve _____

Coaching _____

Security _____

Other _____

Available Volunteer Opportunities

Please indicate your area(s) of interest.

Event Volunteer

- Children's Golf Classic
- Children's Magical Winter Ball
- Children's Holiday Home Tour
- London Knight's Hockey i.e. 50/50 Tickets, House of Green T-shirt Sales
- Other Community Events

Administrative Volunteer

- Main Office
- Satellite Office (located at Children's Hospital, Zone B)

Dr. Beary Goode

- Foundation Mascot
- Mascot Guide

Availability

- Daytime
- Evening
- Weekend

Post-Secondary Student Available during:

- School Year Only
- Summer Only
- Both

How long can you commit?

- One time event
- 6 months or longer

Are you looking for:

- Casual/on call
- A weekly commitment
- A monthly commitment

Personal vehicle available for volunteer use.

Vehicle Information (if applicable): _____

You must be residing in Canada legally to be eligible to volunteer. Please confirm whether you have legal status in Canada?

Yes

No

How did you hear about Children's Health Foundation volunteer opportunities?

Word of mouth

Website

Volunteer Centre

Other

Please specify _____

Declaration

I consent to being contacted by Children's Health Foundation about volunteering, including being contacted about: new volunteer opportunities, my volunteer assignment(s), recognition activities, scheduling, training opportunities and any information about volunteering at Children's Health Foundation. I understand I can withdraw this consent at any time.

I hereby declare that the information provided is true and complete to my knowledge and I authorize the Children's Health Foundation to follow up on any information disclosed. I agree to the terms and conditions of the Children's Health Foundation.

I understand failure to completely and truthfully answer the questions asked of me, when discovered, will constitute grounds for immediate rejection of my application or, if already accepted as a volunteer, immediate dismissal for just cause.

I give Children's Health Foundation permission to contact any references given to secure information relevant to my application.

I understand that reference reports and personal information which become part of this application will be regarded as confidential pursuant to the Freedom of Information and Protection of Privacy Act.

I grant Children's Health Foundation the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of any photograph/ video/ interview/ testimonial taken of me for use in connection with Children's activities or promotion.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Please return completed form to:

Children's Health Foundation – Volunteer Services

By Mail: 345 Westminster Ave, London ON N6C 4V3

By Fax: 519-432-5907

By Email: volunteer@childhealth.ca

Interviewed By: _____

Date: _____