

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

Contact Information	Last Name:		Given Name:		
	Street Address:				
	Apt/Suite:	City:		Postal Code:	
	Home #:		Cell #:	Work #:	
	Email Address:				
	Best way to contact you: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email				
	Any additional language you speak other than English:				
Affiliation	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	
Experience	Please describe a recent volunteer and/or work experience:				
Interest	Why do you want to partner with Holland Bloorview as a Family Leader?				
Declaration	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, 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: _____