



REHABILITATION  
CENTRE FOR  
CHILDREN

## VOLUNTEER APPLICATION FORM

Date: \_\_\_\_\_

### Demographic Information

Mr.

Ms.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City/Town: \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Other(cell/fax): \_\_\_\_\_

I prefer to receive calls at:  Home  Business Best time: \_\_\_\_\_

Birth date if under 18 years of age: \_\_\_\_\_

**NOTE: A Guardian Awareness Statement must be completed by applicants 16 years or younger.**

### Volunteer Interests

Are you receiving credit for your volunteer work?  Yes  No

Required # of hours \_\_\_\_\_ By When? \_\_\_\_\_

What type of volunteer work are you interested in?

What are your personal goals for the volunteer experience? (What do you hope to get out of the experience?)

Please describe any related work experience, education, skills or volunteer experience that would assist you in volunteering at RCC.

**Availability**

Please check the preferred time periods that you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

How many times per week would you like to volunteer?

once  2-3 times  4+

Are there times of the year you are not available to volunteer? i.e. vacation

**Health Information**

Please list any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a volunteer placement.

**Who would you like us to contact in case of an emergency?**

Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

**Guardian Awareness for Applicants Under 16 years of age:**

I, \_\_\_\_\_ hereby given  
(print name of guardian)

my permission for \_\_\_\_\_  
(name of volunteer)

to volunteer at the Rehabilitation Centre for Children.

Date \_\_\_\_\_

---

(signature of guardian)

### References

Please list **three current** references such as past/present employers, teachers/instructors, youth group leaders, colleagues or a supervisor from a volunteer experience. We also accept signed reference letters that are current and on the organization's letterhead.

**Please ensure you have the correct phone number of your three references.**

Name	Organization	How do you know this person?	Day-time Phone No.

**I hereby authorize the Volunteer Coordinator of the Rehabilitation Centre for Children to contact the above named references to ascertain my suitability as a volunteer. I hereby release RCC from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer Coordinator to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.**

**Disclaimer:** Because we take our responsibility for patients seriously, we screen all our applicants thoroughly. While we try to place every prospective volunteer, management reserves the right to reject any applicant.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_