

## CHILD DEVELOPMENT PROGRAMS

<b>Date of Application</b>	<b>Date of Interview</b>	<b>Date of Resignation</b>

### STUDENT VOLUNTEER APPLICATION

<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. Name: _____ (first name)                      (last name)  Address: _____  Apt. #: _____ City: _____  Province _____ Postal Code _____  Education: _____	Home #: _____ Work #: _____ Cell #: _____ eMail: _____  Emergency Contact: _____  Relationship: _____  Home # : _____ Work #: _____ eMail: _____
Age Group: <input type="checkbox"/> 14-16 <input type="checkbox"/> 17-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-30 <input type="checkbox"/> Other	Languages Spoken: <input type="checkbox"/> Cantonese <input type="checkbox"/> Italian <input type="checkbox"/> Mandarin <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> Tamil <input type="checkbox"/> Other: _____

**Previous Work Experience/Training**

**Previous Volunteer Experience**

**Community Affiliations**  
 (Groups, Clubs, Organizations, other)

**Any Physical Limitations To Your Activities?**

Lifting                      Walking                      Other

<b>My Skills Are:</b> (your preference) <input type="checkbox"/> typing <input type="checkbox"/> counseling <input type="checkbox"/> administration <input type="checkbox"/> teaching	<input type="checkbox"/> public relations <input type="checkbox"/> translation <input type="checkbox"/> secretarial <input type="checkbox"/> computer <input type="checkbox"/> other: _____
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**TIMES AVAILABLE**    Morning       Afternoon       Evening  
**DAYS AVAILABLE**    Monday    Tuesday    Wednesday    Thursday    Friday

**HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?**

**REASONS FOR VOLUNTEERING**

OFFICE USE PLACEMENT	Location	Day(s)	Time	Review Date

My (daughter/son) \_\_\_\_\_ has my permission to serve as a Volunteer in the Child Development Program.

\_\_\_\_\_ Parent/Guardian                      Date \_\_\_\_\_

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<b>FOR OFFICE USE ONLY</b> <b>PERSONAL DIMENSIONS</b>	
1. In a half hour it is difficult to get a sense of who you are, but if I was to phone your closest friend how do you think they would describe you?	
2. What attracted you to volunteer at Child Development Programs?	
3. What would you like to get out of the volunteer experience?	
4. What skills do you feel you have to contribute?	
5. In deciding on a volunteer position would you rather work with clients or in a service area? Why?	
<b>CHECKLIST:</b> <input type="checkbox"/> Smoking Regulations <input type="checkbox"/> Confidentiality <input type="checkbox"/> Tuberculosis Testing <input type="checkbox"/> Parking <input type="checkbox"/> Absence	<input type="checkbox"/> Name Tags <input type="checkbox"/> Signing In <input type="checkbox"/> Dress Code <input type="checkbox"/> Mission <input type="checkbox"/> Accessibility Act

As a volunteer, I accept the responsibility to maintain my knowledge/understanding of my volunteer role and remain current on all emergency code procedures. I commit to participating in training and evaluation activities.

I have been informed that I am entering an "at pleasure relationship". In the event that my volunteer involvement is not compatible with the hospital's requirements, then the decision of the Director of Community Resources will be final (i.e. retraining, transfer to another area or termination).

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