**Volunteer Application Form**

**Volunteers are an important part of Children’s Treatment Network (CTN). This includes a commitment to ensuring volunteers are fully-screened to support the vulnerable population served by CTN and well-matched for positions that best suit their skills and interest.**

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| --- |
| First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Languages Spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **References:** One personal (friend or family member), One professional (coworker, member of your child’s team, supervisor from previous volunteer role, etc.):  #1: (Personal) Name and contact email or phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  #2: (Professional) Name and contact email or phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please indicate the position you are most interested in to help us find the right opporuntity to give back to your community. It is important to understand that CTN may not be the right fit for all of our applicants.**

**Family Engagement Council:**

A collaborative group of parents, caregivers, service professionals and CTN staff, the Family Engagement Council provides CTN with advice and guidance on policies, planning, implementation and evaluation of family engagement strategies, activities and materials. The volunteers and staff members on our council work as partners and are dedicated to sharing lived and professional experience and expertise.

Time commitment: Approximately three hours per month

**Working Groups:**

From time to time, CTN relies on volunteers to join working groups that work on specific projects for a period of time. CTN recruits for these volunteer roles as opportunities come up and their purpose is typically well-defined. If you are replying to a call for volunteers for a particular working group, please list the group below. If you would like your name added to a volunteer roster for future working group opportunities, please leave that section blank.

Time commitment: Varies based on working group

**Volunteer Mentor:**

This volunteer role is ideal for those who are interested in offering 1:1 support to other families in need. It’s best suited for those who have “life experiences” and are eager to help provide other families with resources and emotional support during their journey.

Time commitment: Approximately 1-3 hours per month

**Local Site Role:**

This volunteer will assist the Local Team Facilitator (LTF) in site support at the local site. An example of these responsibilities would include cleaning/tidying the site equipment and performing light administrative duties such as photocopying and mailing.

Time commitment: Varies and can be discussed with LTF

**Event Support:**

This volunteer will assist the LTF with running family events in their local communities. An example of these events may include Halloween and holiday parties, information fairs, coffee chats or an educational session.

Time commitment: Varies and can be discussed with LTF

***Note:*** *The Children’s Treatment Network also recruits parents and community volunteers to participle at Leadership and Governance tables. These would include our Board of Directors, Audit and Finance, Quality Committee, Governance Committee for example. These positions are recruited through a separate process. For more information on our board, including details on how to apply please visit: http://www.ctnsy.ca/About-Us/Governance.aspx*

**Applicant profile questions:**

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| --- |
| **Tell Us About Why You Want to Volunteer for CTN:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Is this volunteer role contributing to high school volunteer hours?** 🞏 Yes 🞏 No

**Screening:**

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| --- |
| 1. Have you ever been convicted of a criminal offence for which you have not obtained a pardon   or for which the pardon has been withdrawn? 🞏 Yes 🞏 No  2. Are you willing to submit to a vulnerable sector screening check? 🞏 Yes 🞏 No  🞏 I have a completed vulnerable sector check dated within the last 6 months  *Please Note: Volunteer selection for most roles is dependent on a vulnerable sector screening.* |

**Volunteer availability (please indicate):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**What is the best time to call you for a telephone pre-screen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please read the following carefully before signing this application:***

I understand that this is an application for volunteer opportunity. Submitting this application does not guarantee a volunteer position with CTN.

**By signing this application I authorize Children’s Treatment Network to contact all references.**

I certify that I have and will provide information that is true, correct and complete to the best of my knowledge, throughout the selection process, including on this application and in interviews/conversations with Children’s Treatment Network. I certify that I will not withhold any information that would unfavourably affect my application for a volunteer position. I understand that information contained on my application will be verified by Children’s Treatment Network. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Children’s Treatment Network or my termination as a volunteer.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**