



Children's Treatment Network

Volunteer Application Form

Due to the vulnerable population that we support, we are fully committed to making sure our volunteers are fully screened and well matched for the position best suited for your skills and interests.

Personal information:

First name: _____ Last name: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Home Phone: () _____ Work/Cell Phone: () _____
Email: _____ Other Languages Spoken: _____

Please indicate the position you are most interested in. We will help you find the perfect way to give back to your community. It is important to understand that Children's Treatment Network may not be the right fit for all of our applicants.

• **Network Councils and Working Groups:**

This role would be best suited to volunteers who are interested in working on planning groups and participating in committee work (ie. Social Media Working Group, Family Engagement Council). This volunteer will contribute their unique knowledge and expertise. This does not include The Board of Directors, Quality Committee, Governance, Audit and Finance groups.

• **Volunteer Mentor- New Family Mentor Program (launching 2015):**

This Volunteer role is ideal for those who are interested in offering 1:1 support or group support to other families in need. It's best suited for those who have "life experiences" and are keen to help support other families during their journey. This volunteer would work with the Family Resource Program Coordinator.

• **Local Team Site Role:**

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

• **Clinical Support:**

This volunteer role is ideal for those who are interested in working more closely with clinicians and therapists in group programs. This volunteer will support the clinician in a variety of ways during a clinical group sessions. Volunteers will have an opportunity to have direct non-therapeutic interaction with children under the close supervision of a Clinician.

- **Event Support:**

This volunteer will assist the Local Team Facilitator in running family events in their local communities. An example of these events may include Halloween parties, info fairs, BBQ’s, coffee chats or an educational session.

Note: The Children’s Treatment Network also recruits parents and community volunteers to participate 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 outside of the above volunteer roles.

Applicant profile questions:

Tell Us About Why You Want to Volunteer for CTN:

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 is dependent on a vulnerable sector screening.

Volunteer availability:

	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 and not a commitment or promise of volunteer opportunity.

By signing this application I authorize Children’s Treatment Network to contact all references. I certify that I have and will provide information throughout the selection process, including on this application and in interviews with Children’s Treatment Network, which is true, correct and complete to the best of my knowledge. 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:** _____