



Volunteer Tutoring Program or Early Years Program Application Form

Return form to: the attention of Jackie Kinder, 792 Commissioners Road West, London, ON N6K 1C2, tel: 519-685-3500, fax: 519-685-3549 or email jackie@childcan.com.

DATE: _____
(mm / dd / yyyy)

1. Personal Information: (please print)

Last Name: _____ First Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

2. Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Mobile: _____ Work: _____

3. Current Status (✓ all that apply)

✓	Occupation	Board of Education/ Faculty of Education
	Full-time or Part Time Teacher	
	Full-time or Part Time ECE, EA	
	Retired Teacher or ECE, EA	
	Occasional Teacher or ECE, EA	
	Student Teacher or ECE, EA	

4. Volunteer Experience

Organization	Your Role	From	To

5. Affiliations (optional) e.g. professional associations, social & service clubs, fraternities, etc.:



6. Availability

Please mark with a (✓) the days you are available to volunteer after school hours:

Monday	Tuesday	Wednesday	Thursday	Friday

a) How long of a commitment are you prepared to make?

- 6 months 9 months 1 year on-going

b) How often would you like to volunteer?

- 1 shift/week 2 shifts/week

c) Indicate any extended periods during the year when you are unavailable to volunteer:

d) Indicate area in Southwestern Ontario you would like to volunteer e.g. London, Strathroy, Ilderton, etc.

7. What are your reasons for volunteering?

- to learn new skills for social interaction to gain employment skills
 to share my skills to stay active to support the cause
 other: _____

8. Please add any additional information that may be helpful when assigning a student to you. (grade level preferences, Spec. Ed., French, etc.) . Please also include any medical conditions or restrictions you have that may impact your volunteer work with Childcan. -

9. Police Record Check

Have you had a recent vulnerable sector check completed? Yes No

10. Please list two references, past or present employers, teachers, volunteer supervisors, etc.

Name	Relationship	Phone	Email

I hereby authorize Childcan to contact the above-named references to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same. I further authorize Childcan to maintain this information in their records and absolve them from liability. *Disclaimer: It is the policy of Childcan to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria. Only authorized Childcan staff access this information.*



At all times, the privacy and dignity of clients, donors, volunteers, and staff will be respected, and the mission, vision, and values of Childcan will be followed in accordance with Childcan’s policies, standards, and guidelines. As a volunteer of Childcan, you may have access to information and documents relating to clients, donors, volunteers, and staff that are private and confidential in nature. All client records are the property of Childcan and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality. No person shall read records or discuss such information unless there is a legitimate purpose. Client interactions shall not be discussed with people outside Childcan, including immediate family members, throughout and beyond tenure with Childcan. Neither volunteers nor staff will give medical advice (including comments and suggestions that personalize medical information and influence treatment decisions) but may give information about cancer (consisting of facts available to anyone seeking general knowledge about the disease and its treatment).

I acknowledge that the information provided in this form is true and accurate. I have read, understand, and will abide by the agreement above.

Signature of Applicant _____

Date _____

<p>For Office Use Only</p> <p>Date received _____</p> <p>Date interviewed _____ Childcan staff _____</p> <p>Police vulnerable sector check completed: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Additional Information: _____</p>
