



# Dr. Jay Children's Grief Centre

*A home for grieving hearts*

## Volunteer Application

### Part 1: Personal Information

<b>Volunteer Name:</b>		<b>Emergency Contact Name:</b>	
		<b>Emergency Contact Number:</b>	
		<b>Relationship:</b>	
<b>Street Address:</b>			
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	
<b>Home phone:</b>		<b>Work/Alternative phone:</b>	
<b>E-mail address:</b>		<b>Languages Spoken:</b>	

### Part 2: Optional Information

The following information will be used to match you with a suitable volunteer role.

Age Range  18-29  30-49  50+

Male  Female Birth date \_\_\_\_\_

### Part 3: Experience & Skills

Employer	Position	Dates of Employment
<b>Current:</b>		
<b>Previous:</b>		
<b>Previous:</b>		

Are you able to make a minimum of one-year commitment (approx. 15 hours) to volunteering at the Centre?

Yes  No

**Education Information**

Please check all that apply:

- High School/GED
- College Diploma  field of study \_\_\_\_\_
- Bachelor’s Degree  field of study \_\_\_\_\_
- Master’s Degree  field of study \_\_\_\_\_
- Doctoral  field of study \_\_\_\_\_
- Specialized training  describe \_\_\_\_\_

**Are you presently attending school?**

Yes  No  Anticipated graduation date \_\_\_\_\_

If yes, what school? \_\_\_\_\_

What field of study? \_\_\_\_\_

Will you receive academic credit for your volunteer work? Yes  No

**Part 4: Availability**

**Please check all volunteer work with the Centre that interests you:**

- Office assistance
- Fundraising assistance
- Family Nights
- Special Events
- Camp Erin
- Internet Research
- Contacting clients
- Special projects

**When are you available to volunteer?** (Check all the day/time combinations that you are available.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend -(limited)
Morning						
Afternoon						
Evening						

**Part 5: Volunteering**

**Please describe why you are interested in volunteering at the Centre.**

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**Describe your experience working with children, youth and families (volunteer, professional, personal).**

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**We have all had some kind of experience with grief and loss. Please tell us about your experiences, specifically including those related to loss through death and the most recent death in your life.** (Note: To be a volunteer you are **not** required to have had a significant death in your life. It is however recommended that you allow one year following a death loss before participating as a volunteer.)

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**Please list specific skills, interests, and personal background that you believe might be helpful in your role as a volunteer with and/or benefit the Centre**

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**What are your hobbies and general areas of interest?**

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**Part 6: References**

**Please name two people preferably not relatives or close friends, whom The Dr. Jay Children’s Grief Centre can contact for references. For example: teacher, volunteer coordinator, employer or work colleague, etc.**

Name #1 \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Name #2 \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

**Part 7: Declaration:**

Please read the following carefully before signing and submitting your application.

- I declare all the information provided on this application form and in any other accompanying documents is complete and true in every respect.
- I understand failure to completely and truthfully answer the questions asked of me, when discovered, will constitute grounds for immediate rejection of my application or, if already accepted as a volunteer, immediate dismissal for just cause.
- I give The Dr. Jay Children’s Grief Centre permission to contact any references given to secure information relevant to my application.
- I understand that reference reports and personal information which become part of this application will be regarded as confidential pursuant to the Freedom of Information and Protection of Privacy Act.
- I hereby grant The Dr. Jay Children’s Grief Centre the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of any photograph/ video/interview/testimonial taken of me for use in connection with The Dr. Jay Children’s Grief Centre activities or promotion.

**APPLICANT’S SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_

***Thank you for your interest in volunteering  
with the  
Dr. Jay Children’s Grief Centre***

***Please return completed application to***

[becka.soyka@griefcentre.org](mailto:becka.soyka@griefcentre.org)

Fax: 1-855-425-8518  
Phone: 416-360-1111 x206