

Languages other than English:

(Spoken)_____ (Written):_____

Other than helping in the community, what are your reasons for wanting to become a volunteer?

Please describe your previous volunteer and work experience:

Describe your experience with elderly people or people with physical or cognitive disabilities:

Opportunities

In addition to co-leading “Healthy Change *Now*” workshops, are you able to:

- Distribute posters or brochures Arrange space, time and dates for a workshop
 Help to recruit participants Register participants for a workshop
 Approach media on behalf of the “Healthy Change *Now*” workshops
 Share your testimony on the program for promotional purposes (print, photo, testimony)

Volunteer Commitment and Responsibilities

There is NO COST for the Volunteer Peer Leader Training, but we require all trained leaders commit to co-lead one, six-week “Healthy Change *Now*” workshop each year.

Are you able to make this commitment? **Yes**___ **No**___

Before becoming a Volunteer Peer Leader:

The volunteer recruitment procedures below are standard practice and help to promote a safe environment for self-management workshop participants and fellow Volunteer Peer Leaders.

I agree to participate in an interview in person___ or by phone___.

I agree to submit a “signed commitment” to:

- a) Honor my responsibilities as a Volunteer Peer Leader.
- b) Adhere to the policies of Southlake Regional Health Centre including a “pledge of confidentiality” and “code of conduct”.

I understand and agree to undertake or submit evidence of a valid Vulnerable Person Police Reference Check (completed within the past 2 years). I understand that if the Reference Check is not satisfactory, I may not be offered a volunteer position. This check might take several months to process and its expense will be reimbursed by the Self-Management Program, Central LHIN.

Signature of Volunteer

Date

References

Please supply two references (no family members living with you, please)

- 1.
- 2.

THANK YOU for your interest!

Please fill out of the application form completely. Please submit this form by fax: (905) 952-3063 or Email: sdias@southlakeregional.org

This information will be kept in confidence.

OFFICE USE ONLY:

How heard about training:
Plans to offer workshop:
Application Reviewed
Graduated Training

Interview Scheduled
Police Check Received

References Checked:
Dietary Restrictions:
Interview Completed
Instructed First Workshop