

THRIVE Child Development Centre Centre de développement de l'enfant

PLEASE DIRECT ALL CALLS AND CORRESPONDENCE TO OUR HEAD OFFICE LOCATED AT:

74 ave Johnson Avenue, Sauff Ste. Marie, ON P6C 2V5
Phone/Tél.: 705.759.1131 Toll Free Phone/Tél.: 1.855.759.1131
Fax/Télé.: 705.759.0783 Toll Free Fax/Télé.: 1.855.759.0783

OUR DISTRICT OFFICES ARE LOCATED AT:

99 route Spine Road, Suite 301, Elliot Lake, ON P5A 3S9
26 rue Sainte Marie Street, Wawa, ON P0S 1K0
www.kidsthive.ca

VOLUNTEER ENROLMENT FORM

Name: _____

Address: _____

Telephone: _____ DOB: _____

Police Check: Yes No Date of Police Check: _____

1. Skills and Interests

Educational Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Previous Volunteer Experience: _____

- a) What type of volunteer work are you interested in? children clerical
- b) Is there any client population you are particularly interested in working with?
 Preschool School age Teens Physical disabilities
 Non-verbal Non-ambulatory Autism Spectrum Disorder
- c) Is there any client population you would not feel comfortable working with?
 Preschool School age Teens Physical disabilities
 Non-verbal Non-ambulatory Autism Spectrum Disorder
- d) Do you have previous experience working with any of the above?
 Yes No
If yes, please specify:

2. Availability

- a) At what times are you interested in volunteering?
 weekdays weekday evenings weekends (days) weekends (evenings)
 other (please be specify)

- b) Do you have any medical concerns we should be aware of?
 Yes No

3. References

a) How did you hear about us?

Advertisement Client/Client's Family Other:

b) Why have you chosen THRIVE for volunteer service?

c) List name, address, and phone number of two references (non-relative)

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____