**Family Advisory Network Application Form**

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| **Your Information** |  |
| Full Name:       |  |
| Phone:       | Email:       |
| Language of comfort:      Fluent in other language(s):       |
| What is your availability to volunteer (days/times)?       |
| How long can you commit to being an advisor?       |
| How did you hear about the FAN?       |
| Have you ever been convicted of a criminal offence for which a pardon has not been granted? [ ]  Yes [ ]  No |

**Please tell us about yourself.**

1. What is your relationship and experience with SickKids? For example, tell us about yourself and your relationship to the patient (if you are not the patient), how long you have been coming to SickKids, units/clinics you have accessed, and/or any other experience that is important to you.

1. Why are you interested in joining the FAN?

1. Are there any types of opportunities in particular that interest you (e.g. specific committees/councils, staff and trainee education, hospital projects)?

1. Do you have any specific skills that you would bring to the FAN (include personal or professional experience and abilities)?

1. Have you ever worked for or volunteered at SickKids? [ ]  Yes [ ]  No

If so, in what capacity:

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| **References** |
| Identify two people, preferably one from SickKids (staff or volunteer), who would be willing to provide a reference to support your application – *please ensure they agreed to be contacted*. |
| Full Name:       | Phone:       | Email:       |
| Is the person a SickKids staff or volunteer? [ ]  Yes [ ]  No |
| Full Name:       | Phone:       | Email:       |
| Is the person a SickKids staff or volunteer? [ ]  Yes [ ]  No |

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| **Signature** |
| *I give permission to SickKids Family Advisory Network Lead to discuss my application with the person(s) listed as references.* *I understand and agree that to the best of my knowledge, the information I have provided is complete and accurate in every respect. Any material misrepresentation or deliberate omission of a fact in my application will be justification for refusal of the opportunity to volunteer, or if volunteering, just cause for termination from the SickKids Family Advisory Network.* *Information in this application may be made available to staff at SickKids who are the leads (or designate) of activities that you are interested in participating. Informative emails may be sent to you and you may be contacted by telephone.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Print Applicant Name Applicant Signature Date |

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| **Confidential (when completed)** |
| The personal information contained on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act for the purpose of applying for a volunteer position with The Hospital for Sick Children.  SickKids is committed to provide appropriate protection for your personal data. Data collected on this application may be used by SickKids affiliates and authorized service providers (wherever located) for the following purposes: to consider your application for volunteering, to verify the information you provided, to communicate with you in regards to your application and, if applicable, to make you an offer for a volunteer placement.  |

If you have any questions about the Family Advisory Network or this application, contact us.

Email: family.advisory@sickkids.ca

Phone: 416-813-7654 x228313