



# Rexdale Community Health Centre

8 Taber Road, Etobicoke. Ontario. M9W 3A4

Tel: 416- 744-0066 Fax: 416-744-1881

## VOLUNTEER APPLICATION FORM

*Please print:*

Name: \_\_\_\_\_  
(First Name, Last Name)

Address: \_\_\_\_\_  
(Apt No.) \_\_\_\_\_ City \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone No: Home \_\_\_\_\_ Work \_\_\_\_\_

Where did you hear about Rexdale Community Health Centre? ( referral?)

Are you a client of the Health Centre? Y \_\_\_\_\_ N \_\_\_\_\_

What are your reasons for volunteering?

Previous Volunteer Experience: (please list)

Other Community Involvement: (please list)

Special Certificates: i.e. CPR, First Aid. (Indicate certificate(s) and expiration date): \_\_\_\_\_

References (other than relatives, one must be of a professional nature-first and last name please):

1. Name \_\_\_\_\_ Phone No . \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

I give permission to Rexdale Community Health Centre to contact the persons named as references and to do the necessary police check. All costs for these checks will be covered by RCHC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application forms will be kept on file for 6 months from the date of application. If a volunteer position becomes available during that time then you will be notified. Please see the Volunteer Program brochure for more details. Thank you for your interest in volunteering with Rexdale Community Health Centre.

### Students Placement

The Centre is committed to working with educational institutions to provide the best possible learning opportunities for students in all areas of the organisation. This goal will facilitate the introduction of students to the Community Health Centre model of care. All inquiries involving students must be directed to Althea Martin-Risden, the Client Support Worker, at 416-744-6312 ext 223