

**BRANT COUNTY HEALTH UNIT  
HEROS VOLUNTEER APPLICATION**

(Use other side if necessary)

Please fill out the form and email it to- [Justine.Swan@bchu.org](mailto:Justine.Swan@bchu.org)

- 
1. Name: \_\_\_\_\_ Date: \_\_\_\_\_
  2. Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_
  3. Email address: \_\_\_\_\_
  4. Telephone Number: Home \_\_\_\_\_ Other \_\_\_\_\_  
Best time to be contacted: \_\_\_\_\_ Can we leave a message? Yes  No
  5. How old are you? \_\_\_\_\_
  6. Date of Birth \_\_\_\_\_
  7. Which school do you attend? \_\_\_\_\_
  8. Allergies: \_\_\_\_\_
  9. Emergency Contact:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
  10. Language(s) Spoken: \_\_\_\_\_
  11. Describe skills, training or abilities you have gained through voluntary work, employment, hobbies, or interests.  
\_\_\_\_\_  
\_\_\_\_\_
  12. Please describe your previous volunteer experiences.

---

---

13. What do you hope to do in the future?

---

14. Are there any groups you would not feel comfortable working with?

No

Yes  Please explain \_\_\_\_\_

15. Why do you want to volunteer with HEROS?

---

---

16. How did you find out about HEROS?

---

---

17. How often can you volunteer? \_\_\_\_\_

18. How long can you commit to this volunteer placement?

---

19. Would you agree to have a police reference check?  Yes  No

(the Health Unit will cover the cost)

If no, please explain

---

20. Please list 3 references we can contact:

---

---

---

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from participating in the volunteer program.

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

### **PARENTAL CONSENT FOR THE TRANSPORTATION OF STUDENTS**

Throughout the HEROS program, a variety of activities take place at facilities off of Brant County Health Unit property. These activities include, but are not limited to, local and non-local organized community events outside of regular BCHU working hours. In most cases, volunteers require transportation to these facilities. Transportation should be arranged by individual youth to get to and from events. If youth requires transportation, arrangements can be made upon request to HEROS facilitators.

I hereby give permission for my child to travel to and from local and non-local organized community events outside of regular BCHU working hours, throughout the duration of their volunteer work using the following mode(s) of transportation: students driving themselves, having a parent/guardian drive them, bus, or taxi.

Name of Student (Print): \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Personal information is collected solely for the purpose of volunteering and is collected in accordance with the *(Municipal) Freedom of Information and Protection of Privacy Act*. For information about the collection contact the Freedom of Information Coordinator, 194 Terrace Hill St., Brantford, ON N3R 1G7 519-753-4937, Ext. 262.