



**H'art School of Smiles Inc.**

**Application form for Volunteers and Placements**

TODAY'S DATE (D/M/Y): \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS (*please print clearly*): \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

STATUS ( <i>please circle</i> ):	Field Placement	Co-op Student	Volunteer
RELATED FIELD DESCRIPTION:	Study	Experience	Interest

**WHY DO YOU WISH TO VOLUNTEER?**

\_\_\_\_\_  
\_\_\_\_\_

**WHERE DID YOU HEAR ABOUT H'ART STUDIO?**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST SOME OF YOUR PREVIOUS VOLUNTEER EXPERIENCE / COMMUNITY INVOLVEMENT:**

\_\_\_\_\_  
\_\_\_\_\_

**WHAT QUALITIES / SKILLS DO YOU THINK YOU BRING AS A VOLUNTEER?**

\_\_\_\_\_  
\_\_\_\_\_



**H'art School of Smiles Inc.**

**WHAT ART EXPERIENCE DO YOU HAVE?**

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**PLEASE LIST WORK SKILLS AND TRAINING AS RELATED TO THIS POSITION:**

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**WHAT DAYS WOULD YOU BE AVAILABLE TO VOLUNTEER? (please circle)**

**Please note our program hours are: AM – 9:00-11:30 and PM – 11:30-3:00**

**Mon AM or PM / Tues AM or PM / Wed AM or PM / Thurs AM or PM / Fri AM or PM**

**PLEASE PROVIDE TWO CONTACTS FOR REFERENCES:**

**1. NAME:** \_\_\_\_\_

**AFFILIATION/RELATIONSHIP WITH VOLUNTEER:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**2. NAME:** \_\_\_\_\_

**AFFILIATION/RELATIONSHIP WITH VOLUNTEER:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**I hereby confirm that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from volunteering with H'art School of Smiles or cause my dismissal. I understand I am required to provide two references and H'art Studio will contact them.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE NOTE: H'ART SCHOOL OF SMILES REQUIRES A CANADIAN POLICE INFORMATION CENTRE (CPIC) SECURITY CHECK FROM ALL OF YOUR VOLUNTEERS. IF YOU HAVE HAD A CPIC DONE WITHIN THE LAST TWO MONTHS, PLEASE BRING IT TO YOUR INTERVIEW.**

The personal information you have provided on this form will be used only in administration of H'art's programs. By signing this document you are authorizing H'art School of Smiles to use your photograph in publicity material such as newsletters, reports, and related material. If you do not wish to have your image used in this manner, please indicate this below your signature. This will have no effect on your acceptance or rejection as a volunteer at H'art School of Smiles.