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| **Contact Information**  |

|  |  |
| --- | --- |
| **First Name** | **Last Name** |
|   |   |

|  |  |  |
| --- | --- | --- |
| **Address (include apartment/unit number)** | **City**  | **Postal Code** |
|   |   |   |

|  |  |  |
| --- | --- | --- |
| **Home Number**  | **Cell Phone** | **Work Phone** |
|   |   |   |

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| --- |
| **Email Address**  |
|   |

**How did you hear about the Family Leadership Program?**

**What is the best way to contact you:**

[ ]  Home Phone [ ]  Cell Phone [ ]  Work Phone [ ]  Email

 **When is the best time to contact you:**

[ ]  Morning [ ]  Afternoon [ ]  Evening

**Do you speak any languages other than English?**

[ ]  Yes [ ]  No **Which languages:**

**In what capacity have you accessed services at Safehaven?**:

|  |  |
| --- | --- |
| [ ]  Current respite client  | [ ]  Current residential client  |
| [ ]  Current respite parent/guardian | [ ]  Current residential parent/guardian  |
| [ ]  Former respite client  | [ ]  Former residential client  |
| [ ]  Former respite parent/guardian | [ ]  Former residential parent/guardian  |

**Would you require childcare services during our quarterly meetings?** [ ]  Yes [ ]  No

**Why are you interested in being part of the Safehaven Family Partnership Council?**

**What skills or strengths can you share as a member of this council?**

**What would you like Safehaven to learn from you?**

**Do you belong to other organizations or parent groups?**

**Is there any other information you would like to share with us?**

**References:** *Please note that Safehaven will contact this person for a reference and will share that you are applying to become a member of the Family Partnership Council. Please notify this person of your intention.*

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| --- |
| **PROFESSIONAL Reference**Please include a professional reference from a supervisor or employer (current or former) |

|  |  |
| --- | --- |
| **Name** | **Position** |
|   |   |

|  |  |
| --- | --- |
| **Phone Number** | **Email** |
|   |   |

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| **SAFEHAVEN REFERENCE**Please include the name of a Safehaven staff member who knows you and your child |

|  |  |
| --- | --- |
| **Name**  | **Position** |
|   |   |

#### AVAILABILITY (check all that apply)

*\*\*Meetings are held on a quarterly basis (4 times per year)\*\**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday**[ ]  Morning[ ]  Afternoon[ ]  Evening | Tuesday[ ]  Morning[ ]  Afternoon[ ]  Evening | Wednesday[ ]  Morning[ ]  Afternoon[ ]  Evening | Thursday[ ]  Morning[ ]  Afternoon[ ]  Evening | Friday[ ]  Morning[ ]  Afternoon[ ]  Evening | Saturday[ ]  Morning[ ]  Afternoon[ ]  Evening |

**I hereby authorize Safehaven to obtain references from my employers /volunteer supervisors in connection with my application for being a member of the Family Partnership Council. As a condition of a council member, in addition to my reference checks, I authorize that a Police Records Check is conducted. I understand that volunteering is conditional upon receipt of satisfactory references and upon receiving a Police Records Check that is either negative (i.e. no criminal record) or is free from indication of any criminal activity that would represent a risk to clients, families, staff, volunteers and visitors.**

**Signature:**   **Date:**

Thank you for taking the time to fill out this application form!

All information on this application form is considered confidential and will be used by the Family Leadership Program selection committee only.

We will contact you shortly to arrange an interview.

**Please email, fax, mail or bring your application form to either:**

**Kathryn Burbridge**, Lead, Quality, Safety & Strategic Directions kburbridge@safehaven.to

The Safehaven Project for Community Living Phone: (416) 535-8525 x. 225

1173 Bloor Street West, Toronto ON M6H 1M9 Fax: (416) 535-9782

**OR**

**Maria Gregoriou**, Social Worker/Recreation Coordinator mgregoriou@safehaven.to

The Safehaven Project for Community Living Phone: (416) 535-8525 x.226

1173 Bloor Street West, Toronto ON M6H 1M9 Fax: (416) 535-9782