

## Facilitators' Training Program Application Form

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

### Employment History

Please provide employment information for the past two years, with most recent position held first. If more space is needed use an extra sheet of paper. Lack of employment history does not disqualify you.

1. Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

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2. Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

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3. Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

### **Application Questions**

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a Program Facilitator at The Kids Place?
2. Do you have any previous experience volunteering or working with kids? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a kid? Please explain.
4. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
5. How would you describe yourself as a person?
6. How would your friends, family, and co-workers describe you?
7. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
8. Have you ever used illegal drugs? If so, what substances were used and how often?
9. Are you currently using any illegal drugs or controlled substances?
10. Do you drink alcoholic beverages? If so, what and how often?
11. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
12. Do you use tobacco products? If so, what and how often?
13. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

14. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
15. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
16. Have you ever been investigated or convicted of sexually abusing or molesting a youth 16 or younger? If yes, please explain.

**Please read this carefully before signing:**

The Kids Place appreciates your interest in enrolling for our facilitator Training Program.

Please initial each of the following:

\_\_\_\_\_ I agree to follow all Training program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that The Kids Place is not obligated to provide a reason for their decision in accepting or rejecting me for this program.

\_\_\_\_\_ (optional) I agree to allow The Kids Place to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Information Release Form
- Personal References Form
- Criminal History Release Form
- Child Abuse and Neglect Release Form
- Sexual Offender Release Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return or mail this application and the items listed above to

Program Director, The Kids Place 7-377 Mackenzie Ave. Ajax ON L1S 2G2.

## Information Release

I, \_\_\_\_\_, understand it will be necessary for The Kids Place to conduct a background check regarding my , criminal history, personal references, and employment.

I authorize The Kids Place to obtain any needed information regarding criminal history, character references, and employment from any province or federal agency, my employer, and personal references for the purposes of participating in our program

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

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

## Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information The ids Place gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_