# “Ortho Connect” Volunteer Application Form

An “Ortho Connect” Volunteer is a trained volunteer who will share their personal experience, provide information on resources, tips/strategies on coping, and an “understanding ear”.

|  |
| --- |
| **To volunteer in the Ortho Connect program you must be living in Canada and your surgery must have taken place at a Canadian healthcare facility within the last two years.**  Name:  Mailing Address:  City/Prov/PC:  Phone: Home Work Cell  E-mail Address:  Date of Birth: *(age is one of the criteria we use to make client matches)*  Gender: □ M □ F □ Other (specify) |

Occupation:

Languages spoken: English □ French □

Other (indicate):

Do you have experience with any other support programs? □ Yes □ No

If yes, please provide name of organization, length of involvement, type of experience:

Type of Orthopaedic Surgery:

Date of Surgery (must be within the last 2 years):

Surgeon: Hospital:

Why do you want to be a peer support volunteer?

What would make you successful in this role?

## Your Availability:

Please check your preference: □ Any Time, OR

□ Mornings □ Afternoons □ Evenings

Please indicate your availability: □ Any Day, OR

□ Monday □ Tuesday □ Wednesday □ Thursday

□ Friday □ Saturday □ Sunday

How much time, on a monthly basis, are you willing to give to the Ortho Connect program?

□ 1 hour □ 2 hours □ 3 hours □ 4 hours or more □ Undecided

**Matching Information:**

Would you prefer to be matched with someone of the same gender? □ Yes □ Indifferent

**How did you hear about the Ortho Connect, peer support, program?**

□ Surgeon’s Office □ Assessment Clinic □ Hospital / Health Centre □ Physiotherapist

□ Canadian Orthopaedic Foundation Website □ Internet

□ Friend / Family □ Newspaper / Magazine

□ Other

I certify that the information provided is accurate. I understand that my participation in the Ortho Connect Program is dependent upon completion of the training course, continuing to update my knowledge of orthopaedic issues as well as the availability of suitable Ortho Connect Clients. I also give the Canadian Orthopaedic Foundation permission to contact me by e-mail.

Signature Date

Please return to:

Canadian Orthopaedic Foundation,

P.O. Box 1036, Toronto, ON M5K 1P2

*or*  email: [orthoconnect@canorth.org](mailto:orthoconnect@canorth.org)

|  |
| --- |
| **Office Use Only**  Application Received: Interview:  Training Binder sent: Training Date:  Additional Comments: |