



Mothercraft Ottawa
COMPANION PROGRAM VOLUNTEER APPLICATION

Date					
Program	Birth	Parent		Both	Not Sure
First Name			Last Name		
Address					
City Area	(eg: Centertown, Ottawa south)				
Tel (home)		Tel (work)		Tel (cel)	
Tel (other)		Email			
Age	Do you have access to a vehicle?				
Languages	English	Basic	Conversational	Fluent	
	French	Basic	Conversational	Fluent	
Specify		Basic	Conversational	Fluent	
Specify		Basic	Conversational	Fluent	
Employer Flexibility	<p>Birth Companion Volunteers are at times required to attend births during times when they would normally be at work. Should you decide that you would like to become a Birth Companion, it is important that you talk about the Program and gain the support of your employer.</p>			<p>Position</p> <p>Employment Notes:</p>	



How did you hear about the Companion Programs?

Why do you want to become a Birth or Parent Companion?



What personal qualities do you have that would make you a good Birth or Parent Companion?

What life experiences have you had that would contribute to your capabilities as a Companion?



Please describe any professional experience or training that would be of value in your role as a Companion.

If you are chosen to become a Birth Companion you will be asked to volunteer for at least 3 matches in the next year. You will also be asked to participate in at least 2 professional development workshops per year. Do you feel able to make this commitment?



We welcome any further comments that you may have.

REFERENCES

Please provide three references from people who can comment on your suitability as a Birth or Parent Companion. *Include mailing addresses*

First Name		Last Name	
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Please tell us how you know this person and why you have chosen them as a reference

Address					
Tel (home)		Tel (work)		Tel (cel)	
Tel (other)		Email			



First Name		Last Name	
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Please tell us how you know this person and why you have chosen them as a reference

Address					
Tel (home)		Tel (work)		Tel (cel)	
Tel (other)		Email			

First Name		Last Name	
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Please tell us how you know this person and why you have chosen them as a reference

Address					
Tel (home)		Tel (work)		Tel (cel)	
Tel (other)		Email			



I certify that all of the information provided in this application is true

SIGNATURE:

DATE:

Please return this application by mail to:

Mothercraft Ottawa

Attn. Companion Programs

475 Evered Ave. Ottawa, ON K1Z 5K9

Or by Fax to:

613-728-0097

Attn. Companion Programs

Or by email to:

lillianne@mothercraft.com

Subject: BPCP Volunteer Application

Thank you for your interest in the Companion Programs.