

## Expression of Interest Form

### Volunteer - Community Wellness Partner

### Community Wellness Council Core Group

Thank you for your interest in this exciting and rewarding opportunity to join our team as a volunteer as a Community Wellness Partner.

If you are over 18, are a resident of Dufferin/Caledon and willing to share your lived experience – we want to hear from you.

If you can answer **YES** to all these questions, please continue to complete the expression of interest application:

- ✓ Want to improve the patient, family and caregiver experience in Dufferin/Caledon.
- ✓ Are open-minded, respectful and listen to other points of view and perspectives.
- ✓ Comfortable being able to speak in a group, ask for clarification if needed and share your thoughts.
- ✓ Understand the importance of confidentiality and privacy.
- ✓ Can commit to being available for up to 6 hours per month.

### Gathering Information:

#### Contact Information:

Date:

First Name:

Preferred Name:

Last Name:

Address

Postal Code:

City:

Telephone number (best number to reach you on during the day):

Email:

Alternative telephone number:

Preferred method of contact:      Telephone      Email

Have you been a patient (within the past 3 years):      Yes      No

Have you supported a patient (within the past 3years):      Yes      No

Can you speak English: Yes      No

Ethnicity:

Other languages you speak:

Age:

Are you comfortable sharing your lived experience with the Community Wellness Council Core Group members and/or other groups in order to learn from that experience and make improvements? Yes No

Are you currently a volunteer in the community: Yes No

Where do you volunteer:

Do you have access to a computer and email? Yes No

Have you participated in any patient, family, caregiver engagement activities in the past? Yes No

**Why would you like to become a volunteer Community Wellness Partner?**

**Have you used or supported a loved one using healthcare services over the past 3 years? Please tell us a little about those experiences.**

**Please tell us how your lived experience/interest could be helpful to improve our services and the experience of others?**

**Are there any specific areas of healthcare that interest you? (e.g. Seniors, Childrens Health, Mental Health)**

**The Community Wellness Council Core Group meets twice a month, 2<sup>nd</sup> and 4<sup>th</sup> Tuesday at 3:30pm and 6:30pm**

I am available during these times to attend and participate in the meetings: Yes No

**How did you hear about the PFC Advisor volunteer opportunity?**

Hills of Headwaters Website

Local Newspaper

Local Radio

Flyer

Social Media (which one?)

Referred from a friend/staff member

Other:

**Please confirm understanding and agreement with the following:**

I understand that I would be required sign a Confidentiality Agreement and will consent to sharing my contact details with the members of Community Wellness Council Core Group and sign a photo/video consent form.

I declare the above information to be true and complete to the best of my knowledge. I understand that a false statement may disqualify me or lead to my exit as a Community Advisor

Once you have completed the Expression of Interest Form, please send via email to: [h.vanderhorst@dafht.ca](mailto:h.vanderhorst@dafht.ca)

You will be contacted within 14 days of receiving your form to discuss the volunteer opportunity further.

Thank you for your Expression of Interest