

Host / Host Family Application Form

Extend-A-Family is funded by the Ontario Ministry of Children & Youth Services to provide support to children and youth, 18 and younger, who live in the City of Toronto and have a developmental disability.

All information is confidential.

Date of Application _____

Name or Primary Applicant _____

Cell (_____) _____ Home (if applicable) (_____) _____

Email _____

Pronoun: He/Him She/Her They/Them Other (please specify) _____

Complete Mailing Address _____

Closest Major Intersection _____

How did you learn about Extend-A-Family? _____

Why would you like to get involved? _____

What is your availability? _____

What interests/activities do you and/or your family enjoy? _____

What volunteer experience do you have? _____

What involvement, if any, have you had with a person with a disability? _____

Is there any other information that you wish to share? _____

Did you speak with an Extend-A-Family staff member prior to submitting this application? _____

If yes, who did you speak with? _____

In consideration for those who may be meeting with you in your home, we are asking:

Does anyone in your home smoke? _____ Do you have any pets? _____

Please list all other people living in your home (not listed above).

Name	Relationship to applicant	Year of birth (if under 18)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Most Current or Recent Employment or Volunteer Position

Name of Employer/ Organization: _____

Name of Supervisor: _____

Position Title: _____

Employment / Volunteer period: _____

Police Reference Checks are required for everyone 18 years of age and over living in your home. Please complete the attached form(s). The cost of the Police Reference Checks will be paid by Extend-A-Family. This can take up to 8 weeks.

Reference Consent be specific and fill in all appropriate blanks. All information given will be held in strict confidence.

Reference 1

Name of individual / organization	
Relationship to applicant	
Known applicant for	
Telephone number & Email	

Reference 2

Name of individual / organization	
Relationship to applicant	
Known applicant for	
Telephone number & Email	

Reference 3

Name of individual / organization	
Relationship to applicant	
Known applicant for	
Telephone number & Email	

I/We hereby authorize Extend-A-Family to contact, in strict confidence, the above listed references and to verify all statements made.

I/We release Extend-A-Family from any liability in contacting these references.

I/We understand that any untrue, misleading or omitted information herein may result in a discontinuation of the relationship with Extend-A-Family, regardless of time of discovery.

I/We also understand that statements made become part of my/our ongoing confidential records with the organization.

Primary Applicant Signature _____

Date _____

Extend-A-Family Contact Person: _____

www.extendafamily.ca, info@extendafamily.ca,

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