

## 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 \_\_\_\_\_

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)

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	

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 \_\_\_\_\_

[www.extendafamily.ca](http://www.extendafamily.ca), [info@extendafamily.ca](mailto:info@extendafamily.ca),

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