



Rehabilitation saves life.

The George Linton Music Scholarship Application Form

The George Linton Music Scholarship is an award of \$1,000.00 given to any post secondary student who can best demonstrate the value of music to the rehabilitation patient and describe the importance of music in their own education or career plans. This scholarship was created by Mr. Linton, who as a volunteer at Toronto Rehab and music enthusiast, has first hand knowledge of the positive effect music can have on a patient's recovery and well being.

Toronto Rehab is Canada's largest academic hospitals providing adult rehabilitation, complex continuing care and long-term care services. With five centres across the city, Toronto Rehab is revolutionizing rehabilitation and maximizing life.

The successful candidate will participate in the Toronto Rehab volunteer screening/orientation procedures and then work in conjunction with Toronto Rehab staff to offer music for 7 seasonal/special celebrations throughout a 12 month period.

AGREEMENT OF UNDERTAKING

If I am awarded The George Linton Music Scholarship, I promise to honour the commitment of volunteer work to Toronto Rehab and participate in delivery of music to patients at the 550 University Avenue site for 7 seasonal/special events during the year. I will also submit at the end of the scholarship term, a one page report/summary to answer questions regarding benefits to the patients resulting from this program. My final report will acknowledge the George Linton Music Scholarship.

DATE: _____

SIGNATURE: _____

MAILING INSTRUCTIONS

Please mail application form and 2 references (academic and musical) to:

**The George Linton Music Scholarship
Toronto Rehabilitation Institute
Attn: Nicole Fisher, Health Discipline Administrative Coordinator
525 University Ave., 3rd floor
Toronto, Ontario, M5G 2L3**

DEADLINE: February 15, 2012

Date Application Received: (office use only)	
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NAME:
ADDRESS:
TELEPHONE:
EMAIL:

Have you previously applied for the George Linton Music Scholarship? yes no

**PLEASE ATTACH TO YOUR APPLICATION, COMPLETED VOLUNTEER FORMS,
AND UP-TO-DATE C.V./RESUME**

- A. Relevant Experiences and Biographical Sketch:**
(In point form, include experience and achievements relevant to your interest in music. Please give evidence to your commitment to music and how your experience supports your music goals to date.)

B. Briefly outline your musical goals and how the George Linton Music Scholarship would help you to achieve them.

C. Please describe potential value to the rehabilitation patients at Toronto Rehab.

DATE: _____

SIGNATURE: _____



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Application for Volunteer Service

Volunteer Resources Mission Statement: *To promote meaningful volunteering through real teams, important work and common goals.*
Our Purpose: *To assist in the achievement of organization goals, facilitate meaningful roles for volunteers, and to facilitate and support meaningful outcomes for patients.*

At which location(s) are you interested in volunteering? *you may indicate more than one:

Hillcrest Centre ___ (Bathurst & Davenport) Musculoskeletal Rehab	Lyndhurst Centre ___ (Bayview & Eglinton) Spinal Cord Rehab	Rumsey Centre ___ (Bayview & Eglinton) Cardiac & Neuro Rehab	E.W. Bickle Centre ___ (Jameson & King St. W) Complex Continuing & Palliative Care	University Centre ___ (University & Dundas St. W) Cardiac, Neuro & Geriatric Rehab
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Do you have a history with Toronto Rehab?

Previously applied to volunteer ___	Former volunteer ___	Employee : Former ___ Current ___	Patient: Former ___ Current ___	No ___
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CONTACT INFORMATION

Last Name	Given Name (name(s) used)	_ Mr. _ Dr. _ Ms. _ Miss _ Mrs.
Street Address	Apt. #	City/Town
Province	Postal Code	Main Intersection
Phone (home)	Cell	Phone (work)
Email		

GENERAL INFORMATION ABOUT YOU

How did you hear about Toronto Rehab?

PLEASE INDICATE YOUR AVAILABILITY BELOW																					
DAY	MON			TUES			WED			THURS			FRI			SAT			SUN		
TIME	A	P	EV	A	P	EV	A	P	EV	A	P	EV	A	P	EV	A	P	EV	A	P	EV

LANGUAGE(S)	SPOKEN	READ	WRITE
1.			
2.			
3.			

EDUCATION HISTORY
Highest grade completed, extra courses, workshops

EMPLOYMENT HISTORY	
Present Title & Employer	
Former Title & Employer	

VOLUNTEER EXPERIENCE	
Current Volunteer Role	
Previous Volunteer Role(s)	

GENERAL INTERESTS

WHY DO YOU WANT TO VOLUNTEER WITH TORONTO REHAB?

Possible volunteer assignments, please check all that interest you:

* Please note positions/availability vary by site *

Therapies	Patient Centred Assignments	Other
Occupational Therapy	Chaplaincy	Administrative Support
Physiotherapy	Community Accompaniment	Research
Rehab Therapy	Social Programs	Special Events
Speech Language Therapy	Pet Therapy	Van Driver
Therapeutic Recreation (Wellness)	Unit Support	
Other	Other	Other

The following information will only be used after you meet with a Consultant, Volunteer Resources or have been accepted as a volunteer with Toronto Rehab.

In the event of a hospital and/or community emergency, would you be willing/able to:

Provide support to the hospital from your home	Yes ___ No ___ Unsure ___
Provide support to the hospital from within the community	Yes ___ No ___ Unsure ___
Provide support to the hospital on site	Yes ___ No ___ Unsure ___

PROFESSIONAL REFERENCES

Reference #1		Reference #2	
First Name	Last Name	First Name	Last Name
Title	Relationship to Applicant	Title	Relationship to Applicant
Address	Phone Number	Address	Phone Number
Email address for reference #1:		Email address for reference #2:	

EMERGENCY CONTACT INFORMATION

Last Name	Given Name (name(s) used	_ Mr. _ Dr. _ Ms. _ Miss _ Mrs. _
Street Address	Apt. #	City/Town
Province	Postal Code	Relationship to Applicant
Phone (home)	Cell	Phone (work)

Have you been convicted of a criminal offence for which a pardon has not been granted?
YES ___ NO ___

I acknowledge that all the information on this application is true and I give permission for Toronto Rehab to verify the information on this application:

Signature of Applicant	Date
Signature of Parent/Guardian (if applicant is under 18)	Date



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Toronto Rehab
 Volunteer Resources
Health Record

VOLUNTEER'S NAME: _____ **DOB:** _____

In compliance with the *Public Hospitals Act*, Toronto Rehab is required to establish a Communicable Disease Surveillance program for all persons carrying on activities in the hospital, including all volunteers (adults, youth and co-operative education).

A **medical doctor** must complete this form **prior** to the first day of your placement. Incomplete forms cannot be accepted. Any cost incurred to complete this document is the responsibility of the individual.

IMMUNIZATION

MEASLES	1. History of measles	YES	
	OR 2. Vaccination	DATE	
	OR 3. Blood test for unknown status	DATE	RESULT
MUMPS	1. History of mumps	YES	
	OR 2. Vaccination	DATE	
	OR 3. Blood test for unknown status	DATE	RESULT
RUBELLA	1. History of rubella	YES	
	OR 2. Vaccination	DATE	
	OR 3. Blood test for unknown status	DATE	RESULT
CHICKEN POX	1. History of chicken pox	YES	
	OR 2. Vaccination	DATE	
	OR 3. Blood test for unknown status	DATE	RESULT
TETANUS (not mandatory)	Date of last dose:		

TUBERCULOSIS

A two-step Tuberculin Test (Mantoux) is required:

Mantoux Dates	Date Given	Date Read	Results	Initial
STEP 1				
STEP 2				
CHEST X-RAY required when induration >10mm (attach copy of chest x-ray report)				

 Signature of Attending Physician

 Date

Physician's Stamp