



Walk It Off Spinal Cord Wellness Centre

Dear Practical Volunteer Applicant:

Thank you for your interest in Walk It Off Spinal Cord Wellness Centre. Walk It Off appreciates volunteers that not only have an interest in exercise education, but those who have passion for working with individuals with different abilities. As a Not-For-Profit organization, we value public interaction with our organization. We enjoy taking the opportunities to grow as a facility through educating our surrounding communities about what we do for our demographic population.

Walk It Off Spinal Cord Wellness Centre is a Not-For-Profit organization that provides exercise-based recovery, education and support to those living with neurological disorders; specializing in spinal cord injuries. We aim to improve quality of life and increase independence by maximizing recovery.

As a volunteer at Walk It Off, you will be provided with the opportunity to learn and provide support in aspects of a clinic environment. Placement duties will vary depending on the individuals, however volunteers will be involved in a variety of tasks ranging from administrative support, facility maintenance and hands on assisting with client sessions.

To be eligible to volunteer, please fill out the volunteer application. When it has been completed a member of our Volunteer Coordination staff will be in touch with you via email to provide you with the available volunteer positions. All of our volunteer opportunities are based on availability and support required. If the volunteer opportunity you are interested in is filled, your documentation will be placed in our Prospective Volunteer file for future opportunities .

Again, thank you for your interest in our program. If you have any questions, please do not hesitate to contact the facility via the below email address.

Sincerely,

Heather Cairns-Mills
President
info@walkitoffrecovery.org





Walk It Off Spinal Cord Wellness Centre

Thank you for your interest in volunteering with Walk It Off Spinal Cord Wellness Centre. Please provide your information in order for our team to understand your volunteer interests.

Personal Information

Name (first, last) _____ Date of Birth: _____

Address: _____

Email: _____ Phone: _____

How did you hear about us? _____

Have you volunteered with us before? YES NO

Highest level of Education: High School Undergraduate Master's

Program of Study: _____ Year of Study: _____

Certifications: Do you currently hold any of the following certifications/qualifications or others that may pertain to your volunteer experience?

First Aid/CPR Other _____

The following tasks may be a part of your time as a volunteer at Walk It Off. Please select the following tasks you would be interested in performing.

- Organizing and Maintaining Facility Cleanliness
- Assisting in Social Media Updates
- Attending/helping at fundraising or Walk It off events
- Assisting Administrative Staff with Daily Tasks
- Assisting Recovery Trainers during client sessions

This position is a great experience if you are an individual who is enthusiastic, self motivated and versatile, and perhaps looking into a career in rehabilitation or the medical field. We are looking for individuals to assist in tasks including, but not limited to, assisting Neuro-Recovery Trainers during sessions as well as assisting with facility organization and maintenance.

Walk It Of Spinal Cord Wellness Centre

Availability:

Below are the available hours where we may need a Volunteer. We have provided 3 hour windows. Please select the days/times you would be available to volunteer in addition to the amount of time you are available. Select all times you are available. Time slots will be provided based on need in the facility and amount of support available.

One Day Shadow: Date Available: _____ Time: _____ to _____

Continuous Volunteering:

of Days Available/Week: _____ # of Hours Available/Day _____

Time Slot Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00 - 12:00							
12:00 - 2:00							
2:00 - 4:00							

Personal Interest: In the space provided, please answer the following.

1. Do you have any work/volunteer experience that could be related to the volunteer position at Walk It Off? _____

2. What do you hope to gain from a volunteer experience with Walk It Off Neuro-Recovery and Wellness Centre? _____

3. Outside of the activities involved in at Walk It Off, what are some activities you are interested in? (ex. sports, art, leisure activities, personal interest activity) _____

4. What do you think you could contribute to Walk It Off during your time here? _____



Waiver and Informed Consent

Due to the nature of our exercise based program at Walk It Off Neuro- Recovery and Wellness Centre, assisting during client sessions and facility support includes potential risks of injury. I understand that injury to myself including muscle soreness, muscle strains, fatigue, possible physical injury may occur through volunteering with Walk It Off Neuro-Recovery and Wellness Centre. In the event of any injury I am to immediately notify my Walk It off Supervisor and discontinue volunteering until cleared to continue. I understand that there are potential risks and intend on following all safety protocols, policies and procedures outlined by Walk It Off Neuro-Recovery and Wellness Centre. Failure to follow safety protocol, policies and procedures outlined by Walk It Off Neuro-Recovery and Wellness Centre may result in termination of volunteer position.

In consideration of volunteering in Walk It Off Neuro - Recovery and Wellness Centre's exercise based training, I do hereby for myself, successors and assigns, release, forever discharge and waive the Walk It Off Neuro - Recovery and Wellness Centre directors, employees, agents, volunteers, members and representatives of these from any and all action, causes of action, claims and demands for upon or by reason of any damage, loss or injury to person and property which hereafter may be sustained in consequence of my volunteering in a physical activity program at Walk It Off Neuro - Recovery and Wellness Centre.

I certify that all the information in this application is true and complete. I further understand that the purpose for which Walk It Off Neuro - Recovery and Wellness Centre gathers the above information is to verify the information I have provided and to evaluate the suitability of potential volunteers with Walk It Off Neuro - Recovery and Wellness Centre.

Signature of Volunteer or parent/guardian
(parent/guardian required if under age 18)

Date

Signature of Witness

Date



Social Media Release Form

At Walk It Of Neuro-Recovery and Wellness Centre, social media is a big part of how we share recent events with our community. We take great pride in the achievements of our Walk It Off Community including clients, staff, students and volunteers. We love to share our successes and every day events through our various media platforms including Facebook, Instagram, Youtube, our website or other marketing materials.

Please read the following options carefully, print your name on the desired line and sign below.

By signing below, I _____, hereby give Walk It Off Neuro- Recovery and Wellness Centre and their employees permission to take photographs and videos of me for the purpose of posting on Walk IT Off social media accounts and associated media. I understand this information may be used in publications including electronic, audiovisual, or promotional advertising.

By signing below, I _____, **DO NOT** give Walk It Off Neuro-Recovery and Wellness Centre and their employees permission to take photographs and videos of me for any media or social media use.

Signature of Volunteer or parent/guardian
(parent/guardian required if under age 18)

Date

Please email applications to info@walkitoffrecovery.org