



## **Connecting the Dots for Caregivers Caregiver Volunteer Application**

**Connecting the Dots for Caregivers  
c/o Ashley Bedard  
Huron Perth Healthcare Alliance – Seaforth Site  
24 Centennial Drive, P.O. Box 99  
Seaforth, ON N0K 1W0**

**If you have any questions about this application please contact:  
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**Thank you for your interest in joining the Connecting the Dots for Caregivers project as a caregiver partner.**

Connecting the Dots for Caregivers aims to improve the quality of care and experience for caregivers, patients and health care providers in Huron Perth. Being a caregiver can be rewarding and fulfilling but it can also be challenging and a significant source of stress and anxiety.

This important initiative, funded by the Change Foundation, brings together six local health care partners who will listen to, learn from and act with caregivers and health care providers to co-create supports, programs, and resources that address the needs of caregivers and ensures they feel valued, respected, engaged and supported in their important role.

### **Who is a Caregiver?**

A caregiver is defined as family, friends, and neighbours who provide personal, social, psychological and physical support, assistance and care, without pay, for family members and friends in need. This support can be provided for any period of time.

### **How can Caregivers contribute to this project?**

- Share your story
- Volunteer at events
- Be a member of a working group
- Group facilitation

**Caregiver involvement is key to the success of this project. Sharing your personal story and ideas, allows us to learn from your experience and work towards positive change that will smooth transitions for caregivers through Huron and Perth counties.**



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<b>First Name:</b>	
<b>Last Name:</b>	
<b>Mailing Address:</b>	
<b>Preferred Method of contact:</b> <b>Email:</b> <b>Telephone:</b>	

1. Are you currently or have you within the past two years acted as a caregiver for a loved one within the Huron-Perth health and community support services system?

Yes  No

If yes, please tell us a little about your experience, including the organizations where care and/or services were provided.

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2. Why would you like to serve as a caregiver partner on this project?

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3. What areas of this project are you interested in?

- Sharing your story
  - Volunteer at events
  - Working group member
  - Group facilitation
  - Other (please describe):
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4. We recognize that our caregiver partners have busy lives; how much time are you able to commit (approximately)? Please check one:

- 1-2 hours/month;
- 3-4 hours/month
- more than 4 hours/month
- Periodic Involvement

Other:

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Please read and check before submitting

- I understand that by submitting this application and/or being interviewed does NOT guarantee a position as a Caregiver Partner .

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*We will use personal information on this form to select and place Caregiver Partners within the Connecting the Dots for Caregivers project. We will not use the information in any other way without the permission from the applicant/guardian. We will protect your personal information, following the rules set out in the Public Hospitals Act and Freedom of Information and Protection of Privacy Act (FIPPA).*