

Dr. Shannon Bloch Volunteer Grant Application Form

"The real lifeblood of our organization are the volunteers."

GRANT ELIGIBILITY

To qualify for the *Dr. Shannon Bloch Volunteer Grant*, the applicant must provide the following in a **single PDF document**:

1. Documentation confirming their education and skills meet WSC's minimum requirements for the role of a Clinical Supervisor. Qualified applicants must be a licensed chiropractor.
2. A requested start date or date range for the volunteering period, for a twelve-month period;
3. A letter of intent (up to 500 words) that demonstrates the applicant believes in the mission of WSC, and is passionate and committed to meeting the goals of the volunteer position;
4. Confirmation of citizenship in North America;
5. A letter of good standing from their provincial or state regulatory body
6. Provide at least two letters of recommendation, including one letter that speaks to their clinical competency;
7. Written documentation that confirms that either: the applicant currently has student debt related to their education, or they will have a responsibility to pay off student debt during the proposed period of volunteering at a later date. WSC would require backup to demonstrate this, including a recent annual tax return and a letter of confirmation from the lending body/institution confirming the loan amount is and when it is due. If appropriate, the applicant may be asked to provide additional supporting materials related to their financial situation.
8. Signed Terms and Conditions: Acknowledgement by the Applicant that they are aware of all the information being submitted as part of the application package and acceptance of all Terms and Conditions contained herein.

DR. SHANNON BLOCH VOLUNTEER GRANT TERMS AND CONDITIONS

Terms and Conditions are applicable to all applicants. World Spine Care (WSC) reserves the right to make changes without prior notice. Please refer to www.worldspinecare.org/volunteergrant for the most current version of this document as well as details on current volunteer needs.

Applicants are expected to review this document in full so as to be aware of, and comply with, the information enclosed.

Applicants acknowledge the following:

- Applicant understands and will comply with the information outlined in this document including, but not limited to, the conditions and eligibility for funding.
- The applicant’s information, as provided to WSC is, to the applicant’s knowledge, accurate, true and compliant.
- The applicant acknowledges and accepts that any grant amount received is to be used for the purposes of paying back student loans related to their Chiropractic education.

In the event the applicant is selected to be a recipient of the *Dr. Shannon Bloch Volunteer Grant*:

- The *Dr. Shannon Bloch Volunteer Grant* recipient agrees to fulfill all duties related to their role as WSC Clinical Supervisor.
- The recipient agrees that the *Dr. Shannon Bloch Volunteer Grant* has no cash surrender value.
- The recipient agrees that the *Dr. Shannon Bloch Volunteer Grant* will be null and void should the recipient cancel or terminate from the program before program initiation.
- If the recipient leaves the program prior to program completion, the *Dr. Shannon Bloch Volunteer Grant* amount will be terminated at the time they leave the program.
- The recipient agrees that the *Dr. Shannon Bloch Volunteer Grant* may not be transferred to another WSC program under any circumstances.
- The recipient agrees that he or she will raise any questions related to the grant, prior to grant acceptance.

Printed Name	Signature
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Date: _____

Submit your completed application package **as a single PDF** by email to Kait Graham, Volunteer Program Manager kait.graham@worldspinecare.org