



Volunteer Application Form

Date: _____

Thank you for your interest in volunteering with the Canadian Mental Health Association, York and South Simcoe. Please answer as many questions as possible as this will assist us in matching you to the assignment most appropriate for your needs and interests. All information is confidential.

Name: _____
(First) (Last)

Mailing Address: _____

(town/city) (postal code)

Telephone: Home: _____ Other: _____
Email: _____

Emergency Contact: Name: _____
(First) (Last)
Relationship: _____
Phone: _____
(Home) (Work) (Other)

PREVIOUS VOLUNTEER EXPERIENCE:

SPECIAL SKILLS (i.e: music, visual arts, public speaking, fundraising, computer, yoga, Tai Chi, literature, poetry):

What languages do you speak other than English? _____

VOLUNTEER WORK PREFERRED: (Check off areas of interest)

<input type="checkbox"/>	Welcome Desk / Administration	<input type="checkbox"/>	Public Speaking/Speakers' Bureau
<input type="checkbox"/>	Youth Programs	<input type="checkbox"/>	Community Education/Awareness
<input type="checkbox"/>	Support for Depression Facilitation	<input type="checkbox"/>	Career Café / Employment Mentorship
<input type="checkbox"/>	Social Recreation Program	<input type="checkbox"/>	Finance / IT / Human Resources
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Board member / Committee Member
<input type="checkbox"/>	Other (Please specify) _____		

AVILABILITY

Please indicate your commitment to volunteering:

6 months 6-12 months 1 year More than one year

Frequency with which you are available to volunteer:

Daily 2 or more days a week Weekly Bi-weekly Monthly

Days and times available: Mon Tues Wed Thurs Fri Sat Sun From: _____ To: _____

Do you have limitations that may impact your ability to perform certain types of work?

No Yes- please explain:

Do you require any accommodations to fulfill your volunteer role? No Yes-please explain

Briefly explain your reasons for wanting to volunteer with CMHA, York and South Simcoe:

What are your goals as a volunteer? (e.g., improve skills, learn new skills)

References:

_____	_____	_____
Name	Name	Name
_____	_____	_____
Relationship	Relationship	Relationship
_____	_____	_____
Organization	Organization	Organization
_____	_____	_____
Phone No.	Phone No.	Phone No.
_____	_____	_____
Email (please include)	Email (please include)	Email (please include)

Please read carefully before signing: I verify that the information provided in this application is accurate and true. I also understand that volunteering with the Canadian Mental Health Association is dependent on acceptable results from criminal record checks and reference checks. While every attempt is made to secure the volunteer position that is desired, CMHA maintains the authority to decide the placement of volunteers.

I authorize the above noted reference checks and criminal record checks, and release all persons requesting or providing such information from all liability or responsibility.

APPLICANT SIGNATURE: _____ **DATE:** _____

Note: Due to the high volume of applications, we cannot guarantee that every applicant will obtain a volunteer placement.

Email, Fax or mail your completed application form (along with a resume if desired), to:

Nancy Brouillard, Volunteer Manager: nbrouillard@cmha-yr.on.ca
 CMHA York and South Simcoe, 1101 Nicholson Street, Unit 5, Newmarket, ONT., L3Y 9C3
 Fax: 905-953-1670

Thank you for considering a volunteer opportunity with CMHA York and South Simcoe!

OFFICE USE ONLY:

Position: _____	Staff contact: _____
Training: _____	Evaluation date: _____
Start date: _____	_____
End date: _____	End date reason: _____
_____	_____
Volunteer Manager's Signature	Volunteer's Signature
	Date