



**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](mailto: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