|  |
| --- |
| **CONTACT INFORMATION** |
| **Name:**       | **Application Date:** dd/mm/yy |
| **Home Address:**       |
| **City:**       | **Province:** ON | **Postal Code:**       |
| **Primary Phone #:**       | **Alternate Phone #:**       |
| **E-mail Address:**       |
| **Emergency Contact Name:**       **Phone Number:**       |

**Tell us about you**

How did you hear about volunteering with CMHA WW?

What has motivated you to volunteer with CMHA WW?

Please list your volunteer or employment experience related to this role.

|  |  |  |
| --- | --- | --- |
| **NAME OF ORGANIZATION** | **POSITION TITLE** | **DATES** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

Please share your experience related to mental health and/or addictions and/or developmental services (academic, volunteer, practical or lived) that you think is relevant.

What special skills, hobbies and/or interests do you have? Do you speak any other languages?

Have you volunteered at CMHA in the past? Yes [ ]  Date:       No [ ]

Location/Program:

Do you have a valid driver’s license? Yes [ ]  No [ ]  Do you have access to a vehicle? Yes [ ]  No [ ]

What age group describes you?

[ ]  under 18 [ ]  18-24 [ ]  25-34 [ ]  35-44 [ ]  45-54 [ ]  55-64 [ ]  65+

**Tell us what you want to do?**

|  |
| --- |
| Which volunteer positions are you interested in?  |
| [ ]  One-to-One Support [ ]  Volunteer Driver [ ]  Supportive Child Care[ ]  Beautiful Minds  | [ ]  Group Support [ ]  Peer Support [ ]  Other:      \_ |
| Which areas of service are you interested in? (choose all that apply) |
| [ ]  Children Services [ ]  Senior Services [ ]  Mental Health [ ]  No preference  | [ ]  Adult Services [ ]  Families [ ]  Developmental [ ]  Other:        |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please indicate when you are available to volunteer.

|  |  |  |  |
| --- | --- | --- | --- |
| **Monday** | [ ]  Mornings | [ ]  Afternoons | [ ]  Evenings |
| **Tuesday** | [ ]  Mornings | [ ]  Afternoons | [ ]  Evenings |
| **Wednesday** | [ ]  Mornings | [ ]  Afternoons | [ ]  Evenings |
| **Thursday** | [ ]  Mornings | [ ]  Afternoons | [ ]  Evenings |
| **Friday** | [ ]  Mornings | [ ]  Afternoons | [ ]  Evenings |
| **Saturday** | [ ]  Mornings | [ ]  Afternoons | [ ]  Evenings |
| **Sunday** | [ ]  Mornings | [ ]  Afternoons | [ ]  Evenings |

 |

How many hours per week are you able to commit to this position?

How many months/years are you able to commit to this position?

I certify that all information included in this application is true and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Signature Date

*Information collected on this form will be used for recruitment purposes only.*

*All applicants are considered equally as to their potential suitability to volunteer regardless of race, creed, colour, national origin, ancestry, citizenship, age, sex, sexual orientation, place of origin, marital status, family status or handicap. This is in compliance with the Charter of Rights and Freedoms and Ontario Human Rights Code.*

|  |
| --- |
| **References** |
| **Please include the following information for 2-3 individuals to provide a reference for you. If appropriate, please include at least one past/present supervisor (employer/volunteer).**  |

|  |
| --- |
| **Name:**       |
| Primary Phone #:       Alternate Phone #:      |
| E-mail Address:       |
| Relationship to you:       |

|  |
| --- |
| **Name:**       |
| Primary Phone #:       Alternate Phone #:       |
| E-mail Address:       |
| Relationship to you:       |

|  |
| --- |
| **Name:**       |
| Primary Phone #:       Alternate Phone #:       |
| E-mail Address:       |
| Relationship to you:       |

**I give permission for the CMHA WW to contact the above references on my behalf.**

### Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_