



CANADIAN MENTAL  
HEALTH ASSOCIATION

ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE

HALDIMAND-NORFOLK BRANCH

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## Volunteer Application Form

Application Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male       Female      D.O.B. (dd/mm/yy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_  Preferred Contact

Cell: \_\_\_\_\_  Preferred Contact

Email: \_\_\_\_\_  Preferred Contact

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you attending High School, College or University?

Yes       No      If yes, name of Institution: \_\_\_\_\_

If you are involved with us as volunteer and an emergency arises, whom should we contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

List of your current or previous work experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this Volunteer Opportunity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering at Canadian Mental Health Association? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List interest, activities and/or hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of volunteer assignment(s) would you like?

- Help with Special Events
- Fundraising
- Bingo Live
- Public Education
- Office Support
- Research and Library Work
- One-to-One Support to Clients
- Driving
- Maintenance
- Board of Director/ Committee Member

Do you have any health problems or restrictions that may affect your volunteer work?

- Yes
- No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of commitment:

- 6 Months
- 1 Year
- Longer
- Not sure

Time Availability:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Morning							
Afternoon							
Evening							

\*CPIC (Police Check) and 3 references will be requested upon interview with our Volunteer Coordinator. References are to include recent work, school, landlord, church or volunteer supervisors.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
The information on this application is collected to determine eligibility for Canadian Mental Health Association Haldimand Norfolk Branch volunteer opportunities and to safely, effectively and responsibly implement our volunteer program in accordance with the Freedom of Information and Protection of Privacy Legislation.  
\_\_\_\_\_

For more information please contact Brigette, Volunteer Coordinator at 519-428-2380 x223