



## CMHA Volunteer Application

### Applicant Information

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

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City Province Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact  
Information: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Additional  
Languages: \_\_\_\_\_

Do you have any Accessibility Requirement? (Yes or No) If yes, please describe:

Do you have any Medical Alerts? (Yes or No) If yes, please describe:



Why do you want to volunteer with the Canadian Mental Health Association?

Interests/Hobbies:

Skills (Circle all that apply):

- |                               |                              |                            |
|-------------------------------|------------------------------|----------------------------|
| * Administration/Office       | * Fundraising                | * Music/Instruments        |
| * Artist                      | * Gardening                  | * Photography              |
| * Audio/Visual                | * Grant Writing              | * Political/Government     |
| * Child Care                  | * Graphic Design             | * Public Relations         |
| * Construction-Carpentry      | * Language/Translator        | * Public Speaking          |
| * Construction - Electrical   | * Law Enforcement            | * Sales/Cashier            |
| * Construction- Plumbing      | * Legal                      | * Sports (Coaching)        |
| * Construction - General      | * Library                    | * Sports (Playing)         |
| * Construction - Painting     | * Marketing/Communication    | * Transportation (Bus)     |
| * Custodial                   | * Medical (Doctor/Physician) | * Transportation (Car/Van) |
|                               |                              | * Transportation (Moving)  |
| * Event Planning              | * Medical (Administration)   | * Video/Audio              |
| * Food Services - Delivery    | * Medical (Nursing)          | * Writing/Reporting        |
| * Food Services – Preparation | * Medical (First Aid)        |                            |

- Other (please describe):



Job Preferences (Circle all that apply):

- Barrie Good Food Box
- Urban Pantry Cooking Classes
- Group Facilitation / Recreation / Social / Art / Music / Life Skills Groups
- Harm Reduction Kit Assembly
- Direct Client Support
- Client and Family Advisory Committee

#### Work/Volunteer Experience

Are you legally entitled to work in Canada? (Circle one)      \* Yes      \* No

Do you have a valid Ontario Driver's License? (Circle one)      \* Yes      \* No

Are you under the age of 16? (Circle one)      \* Yes      \* No

If under the age of 16, permission from you parent/guardian is required.

Highest Level of Education (Circle all that apply):

- \* Some High School
- \* High School Diploma
- \* Professional/Trade School
- \* Some College
- \* College Diploma
- \* Some University
- \* Undergraduate Degree
- \* Graduate/Masters Degree
- \* Doctorate

Degree/Subject: \_\_\_\_\_

Briefly describe your present or previous work experience.

Briefly describe your present or previous volunteer experience.



**Availability:**

Monday mornings

Monday afternoons

Tuesday mornings

Tuesday afternoons

Wednesday mornings

Thursday mornings

Thursday afternoons

Friday mornings

Friday afternoons

**References**

(1)

Name	Relationship
Organization	City Province
Email	Phone

(2)

Name	Relationship
Organization	City Province
Email	Phone