

## CANADIAN MENTAL HEALTH ASSOCIATION SIMCOE COUNTY BRANCH CLIENT & FAMILY ADVISORY COMMITTEE VOLUNTEER APPLICATION

<b>Date:</b>			
<b>Full Name (Last, First, Middle Initial):</b>			
<b>Street Address:</b>			<b>Apartment/Unit #</b>
<b>City</b>	<b>Province</b>		<b>Postal Code</b>
<b>Phone:</b>		<b>Email:</b>	
<b>Date of Birth (MM/DD/YYYY)</b>			<b>Gender:</b>
<b>Vaccination Status(Check One)</b> <input type="checkbox"/> Not Vaccinated <input type="checkbox"/> 1 Dose <input type="checkbox"/> 2 Doses <input type="checkbox"/> 3 Doses (Booster)			
<b>Emergency Contact Name:</b>			<b>Phone:</b>
<b>Which community do you live near?</b>		<input type="checkbox"/> Barrie	<input type="checkbox"/> Midland
		<input type="checkbox"/> Orillia	<input type="checkbox"/> Collingwood
		<input type="checkbox"/> Innisfil	<input type="checkbox"/> Cookstown
<b>Which of the following age categories do you fall into?</b>		<input type="checkbox"/> 18-25	<input type="checkbox"/> 25-40
		<input type="checkbox"/> 40-55	<input type="checkbox"/> 55-70
		<input type="checkbox"/> 70-85	<input type="checkbox"/> 85+
<b>Primary Language:</b>		<b>Additional Languages:</b>	
<b>Do you have any Accessibility Requirements?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please describe (e.g., Do you have access to the internet?)</b>			
<b>Do you have an Medical Alerts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please describe:</b>			
<b>Highest level of education</b> <input type="checkbox"/> Some High School <input type="checkbox"/> Some College <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> College Diploma <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Trade School <input type="checkbox"/> Some University <input type="checkbox"/> Doctorate			
<b>Degree/Subject:</b>			



Canadian Mental Health Association  
 Association canadienne pour la santé mentale

Simcoe County

GAMBLING, SUBSTANCE USE & MENTAL HEALTH SERVICES



**Which of the following best describes you? (Check all that apply)**

- A Client     A Family Member     A Caregiver  
 A Friend     Both a Client and Family Member/Caregiver     Other:

**Which part(s) of CMHA Simcoe County programs or services (or other CMHA branches) do you have experience with? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> 24/7 Crisis Support                       | <input type="checkbox"/> Family Mental Health Initiative               |
| <input type="checkbox"/> Addiction Counselling (Adult)             | <input type="checkbox"/> Mental Health Counselling                     |
| <input type="checkbox"/> Addiction Counselling (Youth)             | <input type="checkbox"/> Mental Health and Justice Services            |
| <input type="checkbox"/> Assertive Community Treatment Team (ACTT) | <input type="checkbox"/> Nurse Practitioner Clinic                     |
| <input type="checkbox"/> Case Management                           | <input type="checkbox"/> Outreach                                      |
| <input type="checkbox"/> Central Intake Process                    | <input type="checkbox"/> Rapid Access Addiction Medicine (RAAM Clinic) |
| <input type="checkbox"/> Community Awareness Program               | <input type="checkbox"/> RSVP Program - Clubhouse                      |
| <input type="checkbox"/> Community Groups                          | <input type="checkbox"/> Substance Use Counselling                     |
| <input type="checkbox"/> Drop-in Services – On Duty                | <input type="checkbox"/> Supportive Housing Program                    |
| <input type="checkbox"/> Dual Diagnosis                            | <input type="checkbox"/> Umbrellas Program                             |
| <input type="checkbox"/> Early Psychosis Intervention (EPI)        | <input type="checkbox"/> Youth Services                                |
| <input type="checkbox"/> Family Health Team                        | <input type="checkbox"/> Other   |

**Please indicate your level of commitment in the following areas:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| I am passionate about enhancing the client experience   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am in a healthy place in own recovery and can actively contribute   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am open minded and have a positive attitude   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am comfortable in speaking in front of others   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am comfortable in speaking with others about mental health and/or addictions services, programs and/or care I accessed as part of my own recovery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Without sharing any personal health information, briefly describe your experience with the mental health and/or addictions services provided by CMHA Simcoe County (or other CMHA branches). What unique perspective would you bring to the CMHA Simcoe County Client and Family Advisory Committee? Note your comments below or attached on a separate page.**

**Please indicate your experience in the following areas.**

**If “Yes,” please provide a brief description of your background and experience.**

Sitting on a formal or informal advisory council or committee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leading a group or committee (e.g., parent/teacher association)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialised areas of expertise (e.g., process improvement, quality, education, strategic planning, communications, marketing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working within the health care sector (e.g., mental health, addictions, children & youth, seniors, complex care, long-term care or work within a community agency)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Are you available to meet 4 times a year for a few hours with the possibility of additional time requirements, as needed?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Which of the following times are you available to attend virtual/in-person quarterly meetings? (Check all that apply)</b>		
<input type="checkbox"/> Weekday Morning (9am-11am)	<input type="checkbox"/> Weekday Late Afternoon (4pm-6pm)	
<input type="checkbox"/> Weekday Mid Day (11am-1pm)	<input type="checkbox"/> Weekday Evenings (6pm-8pm)	
<input type="checkbox"/> Weekday Early Afternoons (1pm-4pm)		

Please check to indicate that you are willing to actively participate in ongoing Client and Family Advisory Committee initiatives for the next 1 year time frame.

Please check to indicate that you agree to the CMHA Simcoe County Volunteer policy which requires all active volunteers to submit a police record and vulnerable sector screening.

In addition to completing the above, you may also wish to submit a current copy of your resume (if applicable) and cover letter for consideration. Please email your resume and cover letter to Tara Maxwell, Chair of the Client and Family Advisory Committee [tmaxwell@cmhastarttalking.ca](mailto:tmaxwell@cmhastarttalking.ca)

<b>Volunteer Signature</b>	<b>Date</b>
<b>Volunteer Name (please print)</b>	

**We thank you for your interest and in taking time to complete this application.**