



CMHA Volunteer Application

		Applicant In	formation	
Date:				
Full Name	:			
	Last	Fi	rst	M.I.
Address:	Street Address		Δnnar	tment/Unit #
	Street Address		Дрриг	tinenty offic #
	City	Province	Postal	Code
Phone:			Email:	
DOB (MM,	/DD/YYY):		Gender:	
, ,				
Vaccinatio	n Status (Circle One):	* Not Vaccinate	ed	
		* 1 Dose		
		* 2 Doses * 3 Doses (Boo	ster)	
Emergency	v Contact			
Information				
	Name:		Phone:	
Primary La	anguage:		Additional Languages:	
Do you ha	ve any Accessibility Req	uirement? (Yes or No)	If ves inlease describe:	
Do you na	ve any necessionity neq	allemente (res or mo)	n yes, prease describe.	
Do you ha	ve any Medical Alerts?	(Yes or No) If yes, pleas	se describe:	



Construction/Maintenance



Skills and Interest

Wl	ny do you want to volunteer wit	h the	Canadian Mental Health Associ	ation	1?	
Int	erests/Hobbies:					
	,					
Ski	lls (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)
*	Event Planning	*	Medical (Administration)		*	Transporation (Moving)
*	Food Services - Delivery	*	Medical (Nursing)		*	Video/Audio
*	Food Services - Preparation	*	Medical (First Aid)		*	Writing/Reporting
Jol	o Preferences (Circle all that app	oly):				
*	Administration/Clericla	*	Fundraising	*	Di	rect Client Support
*	Childcare	*	Public Relations			
*	Christmas Gift Wrapping	*	Research			

Special Projects





Work/Volunteer Experience

Are you	re you legally entitled to work in Canada? (Circle one)			*	Yes	*	No
Do you	you have a valid Ontario Driver's Licence? (Circle one)			*	Yes	*	No
Are you under the age of 16? (Circle one) If under the age of 16, permission from you parent/guardian is re			* uire	Yes d.	*	No	
Highest	t Level of Eduction (Circle a	all th	nat apply):				
* Hig * Pro	me High School th School Diploma ofessional/Trade School	* *	Some College College Diploma Some University	* *	Undergraduate D Graduate/Master Doctorate	_	
	/Subject:						
БПЕПУ	describe your present or p	ievi	ous work experience.				
Briefly	describe your present or p	revi	ous volunteer experience.				

Availability

- **Monday Mornings**
- **Tuesday Mornings**
- Wednesday Mornings
- **Thursday Mornings**
- Monday Afternoons
- **Tuesday Afternoons**
- Wednesday Afternoons
- Thursday Afternoons
- Friday Mornings Friday Afternoons

- Saturday Mornings
- Saturday Afternoons





References

City Provinc
Phone
Relationship
City Provinc