



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) |
| | * Medical (Administration) | * Transportation (Moving) |
| * Event Planning | * Medical (Nursing) | * Video/Audio |
| * Food Services - Delivery | * Medical (First Aid) | * Writing/Reporting |
| * Food Services - Preparation | | |



Job Preferences (Circle all that apply):

- * Administration/Clerical
- * Christmas Gift Wrapping
- * Construction/ Maintenance
- * Direct Client Support
- * Fundraising Public Relations
- * Research
- * Special Events

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 | * Saturday Mornings |
| * Tuesday Mornings | * Tuesday Afternoons | * Saturday Afternoons |
| * Wednesday Mornings | * Wednesday Afternoons | |
| * 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	