



Canadian Mental Health Association Peel Branch Volunteer Application

Date: _____

CONTACT

First Name _____ Last Name _____

Street Address: _____ Email: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

May we call you at work: Yes ___ No ___

Emergency Contact Name: _____ Phone 1 : _____

Phone 2: _____ Relation: _____ (eg. Husband)

INFORMATION

Please check off when you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE
_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _

Is this a one time project? Yes ___ No ___

Please indicate your age bracket: 12-18 ___ 19-25 ___ 25-35 ___ 35-45 ___ 45- 55 ___ 60+ ___

Are you hoping to complete your mandatory 40 hours of service for high school? Yes ___ No ___

Why do you want to volunteer at the Canadian Mental Health Association Peel Branch?

Where did you hear about Canadian Mental Health Association Peel Branch?

Internet ___ Newspaper ___ Volunteer MBC ___ Place of Worship ___ Family or Friend ___
Other _____

Do you currently use serves provided by Canadian Mental Health Association Peel Branch? *If yes please specify which services below...*

DEPARTMENTS

Please check the categories that you might like to work in:

- | | | |
|---|--|-------------------------------------|
| REBOUND Choices__
Youth Net __ | Partnership Place
Day Program __ | Teaching a Skill
to clients __ |
| Community Education__
Educational Fairs __ | Eden Place
Afternoon/evening
Outreach & drop in __ | Offering a Service
to clients __ |
| Special Events __ | One to one Mentor __ | Joining a Committee __ |

YOUR SKILLS AND INTERESTS

Please check the skills or interests below that apply to you:

Health

- Education or Knowledge of:*
 Bipolar Disorder__
 Schizophrenia __
 Depression__
 Trauma__
 Post Traumatic Stress __
 Personality Disorders __
 Therapy & Treatment __
 Developmental Disabilities__

Exercise

- Yoga__
 Pilates __
 Martial Arts __
 Stretch & Strength __

Food

- Cooking__
 Baking__
 Cooking/baking for more
 than 10 people__
 Operating commercial food
 prep equipment__
 Nutrition__

Administration & Computer

- Phone Calls__
 Filing__
 Data Entry__
 Basic Typing__
 Microsoft:
 Word__
 Excel__
 Powerpoint__
 Customer Service__
 Organization__
 Multi-tasking__
 On-line job search__

Related Professional Skills

- Social Services/Social Work__
 Therapist/Counselling__
 Nursing/Health Aid__
 Public Relations__
 Hair Dresser__
 House Keeping__
 Aesthetician__
 Massage Therapist__
 Personal Trainer__
 Yoga Instructor __
 Office Administrator__
 Other_____

Arts & Self Care

- Play and Instrument__
 Sing__
 Dance__
 Paint__
 Knit__
 Crafts__
 (Specify_____)
 Journalling__
 Meditation/Relaxation__
 Mindfulness or Self
 Care and coping skills__

Do you have any skills that you think would like to add to the list or explain further? *If yes, do so below:*

Would you be interested in teaching your skill or offering free services to clients? Yes__ No__

Comments...

YOUR LANGUAGES	Please list your languages and check the applicable categories:	Read	Write	Speak
	1. _____			
	2. _____			
	3. _____			

COMMITMENT	Volunteers need to attend one to three training sessions depending on the position that they choose. Are you willing to commit to the training sessions in order to become qualified to volunteer with the Canadian Mental Health Association Peel? Yes__ No__
	Unless a one time event, volunteers are asked to commit to a minimum of 6 months of volunteering, is this something you feel that you can commit to? Yes__ No__
	Depending on the position, volunteers come in once a week, every other week or once a month. Can you commit the time needed to volunteer? Yes__ No__
	Program volunteers are required to have a police check completed and identification must be shown to the agency, is this okay with you? Yes__ No__

REFERENCES	Please provide two professional references below:
	Reference 1. Professional (<i>eg. Past employer, past volunteer manager</i>)
	Name _____ Relation _____
	Email _____ Phone _____
Reference 2. Personal (<i>Eg. Friend or relative</i>)	
Name _____ Relation _____	
Email _____ Phone _____	

CONFIDENTIALITY	I hereby authorize the Canadian Mental Health Association (CMHA) Peel to contact the references listed above. I understand that these references will be confidential and I waive the right to request disclosure of the information given about me by the people listed above.
	I acknowledge and accept that this application does not guarantee my acceptance as a volunteer with CMHA Peel and that the organization is under no obligation to assign me a volunteer position.
	I hereby release CMHA Peel and all employees or volunteers from any cause of action or claims for damages whether bodily damage, property damage, emotional trauma or anxiety arising from my association with CMHA Peel.
	Printed Name _____ Signature _____ Date _____