



**Canadian Mental
Health Association
Toronto**

VOLUNTEER PROGRAM APPLICATION FORM

PERSONAL INFORMATION

Name: _____ Date: _____
Address: _____ Apt. #: _____
City: _____ Postal Code: _____
Email: _____
Home Phone: _____ Cell Phone: _____
Are you a current service user at CMHA Toronto?
 No Yes, please list program/s involved in: _____

EMERGENCY CONTACT INFORMATION

1. First Name: _____ Last Name: _____
Phone Number: _____ Relationship: _____
2. First Name: _____ Last Name: _____
Phone Number: _____ Relationship: _____

SKILLS AND INTERESTS

Educational Background:

Hobbies & Interests:

Languages spoken and written:

Relevant work experience, training, and skills:

Previous volunteer experience (if any):

Why are you interested in volunteering with CMHA Toronto?

PREFERENCES IN VOLUNTEERING

Please indicate your areas of Interest in volunteering with CMHA – Toronto (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Advisory Committees |
| <input type="checkbox"/> Peer Support (One-on-one) | <input type="checkbox"/> Peer Support (Group based) | <input type="checkbox"/> Fundraising Activities |
| <input type="checkbox"/> Group Facilitation | <input type="checkbox"/> Leisure Activities | <input type="checkbox"/> Youth Engagement |
| <input type="checkbox"/> Workshops | <input type="checkbox"/> Friendly visiting | <input type="checkbox"/> Public Awareness |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Social Resource Centers (Routes, Pathways) | <input type="checkbox"/> Hospital Support |

Other: _____

Please list any specific programs or volunteer positions that you would like to apply for (if any): _____

AVAILABILITY

Please indicate your commitment to volunteering:

- 3-6months 6-12months 1 year More than one year

Frequency with which you are available to volunteer:

- Daily 2-3xWeek Weekly Bi-weekly Monthly

Days and times available:

	Mon	Tues	Wed	Thurs	Fri	Sat
From:						
To:						

BACKGROUND INFORMATION

Do you have limitations that may impact your ability to perform certain types of work?

- No Yes, please explain
- _____

Do you require any accommodations to fulfill your volunteer role?

- No Yes, please explain
- _____

This position requires you to do a Vulnerable Sector Screening. Is there any reason why you would not agree to this?

- No Yes, please explain
- _____
- _____

REFERENCES CONTACT INFORMATION

Please list two individuals that we may contact, preferably volunteer or work references:

1) Name: _____

Relationship: _____

Phone Number: _____

2) Name: _____

Relationship: _____

Phone Number: _____

Please read carefully before signing:

I verify that the information provided in this application is accurate and true. I also understand that volunteering with the Canadian Mental Health Association is dependent on acceptable results from criminal record checks and reference checks. While every attempt is made to secure the volunteer position that is desired, CMHA maintains the authority to decide the placement of volunteers.

I authorize the above noted reference checks and criminal record checks, and release all persons requesting or providing such information from all liability or responsibility.

APPLICANT SIGNATURE: _____ DATE: _____

For Office Use Only:

Interview Date: _____ Date References completed: _____

Orientation Session: _____ Volunteer Position: _____

Start Date: _____ Date File Closed _____

Complete application and send back to:

Volunteer Program Coordinator
Canadian Mental Health Association – Toronto Branch
700 Lawrence Ave W, Suite #480
Toronto, ON M6A 3B4

OR

Fax: 416-789-9079

OR

Email: volunteer@cmhato.org

The Canadian Mental Health Association is an equal opportunity employer.

Thank you for considering a volunteer opportunity with CMHA Toronto!