

## Volunteer Application Form

At the Canadian Mental Health Association Manitoba and Winnipeg our mission is to promote the mental health of all and support the resilience and recovery of people experiencing mental illness.

### Contact information:

Your information will be used for CMHA Manitoba and Winnipeg purposes only. It will not be distributed, shared or sold to any other organization. If you do decide to volunteer, your information is needed to place you in a suitable position, for insurance purposes and to notify you of volunteer activities (including a volunteer appreciation event). Please print clearly.

Name: \_\_\_\_\_  
(First) (Last) (Preferred Name, if different)

Address: \_\_\_\_\_  
(Street Address) (Apt.) (Town/City) (Province) (Postal Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

How can you best be reached?  Home Phone  Work Phone  Cell  E-mail  Other

Emergency Contact: \_\_\_\_\_ (\_\_\_\_)  
(Name) (Relationship) (Phone)

Any health concerns or special accommodations that we should take into consideration?

### Availability (please check):

Day	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday					
Time	A	P	EV	A	P	EV	A	P	EV	A	P	EV	A	P	EV	A	P	EV	A	P	EV			
	M	M	E	M	M	E	M	M	E	M	M	E	M	M	E	M	M	E	M	M	E	M	M	E

How often would you like to volunteer? (once a week, once a month, etc.) \_\_\_\_\_  
Commitment:  6 months  1 year  more than 1 year  Other \_\_\_\_\_

### Area(s) of Interest:

(See descriptions listed at the end of the application)

- Information and Display  Social Media  
 Office Upkeep/Maintenance  Course Ambassador  
 Ride Don't Hide Coordinator

Why are you interested in volunteering at CMHA Manitoba and Winnipeg?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



How did you hear about volunteering at CMHA Manitoba and Winnipeg?

- At CMHA       Referral (other organization/health professional)       CMHA website       CMHA social media  
 Other Internet       Word of mouth       Just decided to inquire       Other \_\_\_\_\_

If you were referred, who referred you?

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Skills, Training and Experience:**

Occupation: \_\_\_\_\_

Education/Training (including First Aid, Mental Health First Aid, S.A.L.T., etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

Skills/Interests/Hobbies (ex: computers, public speaking, photography, decorating, typing):  
 \_\_\_\_\_  
 \_\_\_\_\_

Volunteer Experience(s): \_\_\_\_\_  
 \_\_\_\_\_

- Do you have a valid Driver's License?       Yes       No  
 Are you fluent in a language other than English?       Yes: \_\_\_\_\_       No

**References:**

As part of the volunteer screening process, applicants are required to have two references that they have known for a minimum of 12 months in order to help CMHA Manitoba and Winnipeg determine volunteer suitability. We ask that at least one be a professional reference (employer, social worker, rehabilitation worker, etc.) while the other may be a character reference (friend or family).

Name	Phone Number	Address	E-mail	Relationship
1)	( )			
2)	( )			

I give CMHA Manitoba and Winnipeg permission to obtain or release information relevant to my volunteer work for the purpose of a reference:  
 Yes       No

**Record of Offenses:**

Have you ever been convicted of a criminal offense for which a pardon has not been granted?  
 Yes       No

For some positions a Criminal Record Check will be required. Some positions will also require a Child Abuse Registry Check. Volunteers will be reimbursed for the cost of these checks. Having a criminal record will not automatically disqualify you from volunteering but may require a more extensive background check. I consent to having CMHA Winnipeg conduct a background check of my references and my criminal record if necessary:  
 Yes       No

**Consent:**

