

Please print. Complete all areas of the application. The information submitted shall remain confidential.						
Date	First Name	Last Name	Initial			
Home Address	City	Province				
Postal Code	Home Phone #	Business Phone #				
Email Address	Fax #	Cell Phone #				
<p>Availability To Volunteer</p> <p>Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Anytime <input type="checkbox"/></p> <p>Have you volunteered with CMHA-WECB in the past? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, please describe your volunteer roles and include approximate dates.</p>						
Please tell us about your volunteer roles/ experiences outside of CMHA-WECB?						
Do you have legal status to work in Canada? yes <input type="checkbox"/> no <input type="checkbox"/>						
Have you ever been convicted of a criminal offence for which a pardon has not been granted? yes <input type="checkbox"/> no <input type="checkbox"/>						
Do you have a valid "Class G" Ontario Driver's Licence? yes <input type="checkbox"/> no <input type="checkbox"/>						
<p>Please indicate your volunteer areas of interest.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Bereavement Resources <input type="checkbox"/> Board/Committees <input type="checkbox"/> Consumer Council <input type="checkbox"/> Clerical/Mail outs <input type="checkbox"/> Reception Assistant <input type="checkbox"/> Public Education Assistant </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Educational Displays <input type="checkbox"/> Speakers' Bureau <input type="checkbox"/> Resource Library <input type="checkbox"/> Drivers: Delivery/Transportation <input type="checkbox"/> Client Support /Friendly Visitor <input type="checkbox"/> Group Assistant (set up etc.) </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Program For Older Adults <input type="checkbox"/> Golf Tournament <input type="checkbox"/> Special Events (awareness/fundraisers) <input type="checkbox"/> Fund Development: Lotteries, Merchandise Sales <input type="checkbox"/> Employment Support Services </td> </tr> </table>				<input type="checkbox"/> Bereavement Resources <input type="checkbox"/> Board/Committees <input type="checkbox"/> Consumer Council <input type="checkbox"/> Clerical/Mail outs <input type="checkbox"/> Reception Assistant <input type="checkbox"/> Public Education Assistant	<input type="checkbox"/> Educational Displays <input type="checkbox"/> Speakers' Bureau <input type="checkbox"/> Resource Library <input type="checkbox"/> Drivers: Delivery/Transportation <input type="checkbox"/> Client Support /Friendly Visitor <input type="checkbox"/> Group Assistant (set up etc.)	<input type="checkbox"/> Program For Older Adults <input type="checkbox"/> Golf Tournament <input type="checkbox"/> Special Events (awareness/fundraisers) <input type="checkbox"/> Fund Development: Lotteries, Merchandise Sales <input type="checkbox"/> Employment Support Services
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Hobbies/Skills you would be willing to share/teach (literacy, cooking/nutrition, musical instrument, art etc.):						
Are you currently employed? yes <input type="checkbox"/> no <input type="checkbox"/>		Retired? yes <input type="checkbox"/> no <input type="checkbox"/>				
<p>If currently employed, please provide your position title.</p> <p># Years in position _____</p>						
Resume received yes <input type="checkbox"/> no <input type="checkbox"/>						

Please turn over *

Volunteer Application Continued...

Please describe your educational background.

List any special courses taken that you would like us to know about.

Have you taken any CMHA-WECB courses or training seminars? yes no
 If so, please list with approximate date(s) and name of course / seminar.

In case of emergency, please provide us with the name and telephone number of someone to contact.

Name (Relationship)	Phone #
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List of References
 Please provide us with three references (Include people with whom you have been employed , volunteered or gained some type of work experience. One reference may be from a family member, friend or other social contact.)

1	Name	<input type="checkbox"/>
	Address	
	City and Province	
	Postal Code	Phone
2	Name	<input type="checkbox"/>
	Address	
	City and Province	
	Postal Code	Phone
3	Name	<input type="checkbox"/>
	Address	
	City and Province	
	Postal Code	Phone

For internal use only.

I, _____ (printed name of applicant), authorize the Canadian Mental Health Association, Windsor-Essex County Branch (CMHA-WECB), to collect personal information regarding my employment history and my involvement in community activities, that is appropriate to the volunteer position for which I am applying.

I also authorize the CMHA-WECB, to verify the character references I have provided.

I understand that relevant information obtained about me by the CMHA-WECB may be disclosed to another community organization in a situation where my volunteer services are temporarily extended to, or shared with that organization by the CMHA-WECB.

Date: _____

Signature of Applicant: _____