Canadian Mental Health Association, Muskoka-Parry Sound Branch

VOLUNTEER APPLICATION FORM

DATE:		
NAME: LAST	FIRST	INITIAL
ADDRESS		
CITY	POSTAL CODE	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
CITY	POSTAL CODE	
DAY PHONE #	EVENING PHONE #	
FAX #		
e-mail ADDRESS		
PRESENT OCCUPATION:		
PRESENT EMPLOYER: (OR SCHOOL)		
EMERGENCY CONTACT NAME:		RELATIONSHIP:
DAY PHONE #	EVENING PHONE #	

Please describe any personal, paid or volunteer work experience you have had that might relate to your interest in volunteering here:

What training or formal education have you had that might help you in volunteering with us?

What skills or interests do you have that could be used creatively in a volunteer position
(ie. carpentry, knitting, canoeing, computer, baking, movies, playing an instrument, yoga, etc.)?

These are a few of the areas that volunteers can be of assistance. Please check those you are interested in (greater detail we be given later).

☐ working directly with client in providing necessary supports to participate in community activities of their choice (this could include transportation)

☐ providing transportation to clients (and/or family members) to appointments, drop-ins, grocery shopping, etc. (this could be within area or long distance)

☐ providing support to administrative and program staff (reception duties, filing, data input, library resource collaboration, organizing and tabulating data, inventory)

☐ being involved with fundraising committee and/or fundraising events

☐ providing respite care for family caregiver (in caregiver's home or community)

☐ assisting drop-in centers with planning group activities, life skills training, crafts and/or helping individual clients with their area of interest

☐ being a committee member (on Board of Directors, steering committee, etc.)

Please mark on the following chart when you would be available (times you most prefer)

	MON	TUES	WED	THURS	FRI	SAT	SUN
MORN							
AFTERNOON							
EVENING							

How many hours a week do you want to volunteer?_____

How would you like to determine your volunteer hours?

☐ on a set schedule ☐ flexible to client/program needs ☐ no preference

How long would you like your initial commitment to be with us?

☐ six months ☐ one year ☐ other_____

How did you hear about the volunteer program at this agency?

☐ self-directed ☐ friend ☐ community cable channel

☐ radio announcement ☐ newspaper ☐ other_____

Please mail to: Volunteer Coordinator
Canadian Mental Health Association, Muskoka-Parry Sound Branch
26 James Street, Suite 3
Parry Sound, P2A 1T5