

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: Canadian Mental Health Association, Muskoka-Parry Sound Branch
P. O. Box 40, Sundridge, ON P0A 1Z0 Attention: P. Black
705-384-5392 x 4233 or Fax 705-384-5514
Or e-mail: pblack@cmhamps.ca**