CMHA values diversity and welcomes applications from First Nation, Inuit and Metis, New Canadian, racialized, differently abled and LGBTTQIA+ communities.

**VOLUNTEER APPLICATION FORM**

Thank you for your interest in volunteering with CMHA Edmonton. Volunteers play a vital role in helping CMHA Edmonton build healthy and resilient communities by providing mental health services, education services and crisis intervention. All volunteer applications are reviewed with consideration of current volunteer opportunities. Applications are kept on file for three months.

Click or tap to enter a date.

**What are your top three reasons for volunteering with CMHA Edmonton? What do you hope to get from this experience?**

**1.** Click or tap here to enter text.

**2.** Click or tap here to enter text.

**3.** Click or tap here to enter text.

What is your area of interest? Choose an item.

|  |  |
| --- | --- |
| If you are interested in more than one area please indicate below:  Click or tap here to enter text.  **Contact Information** |  |
| Click or tap here to enter text. |  |
| Name (Last, First, Middle Initial) |  |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Mailing Address City Province | Postal Code |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Phone (Home) (Cell) | Email Address |

Do you prefer to be contacted by email or phone? If by phone, which phone number?

Cell  Home

**Are you 18 years of age or older? (You must be 18 years or older when you begin volunteering).**

Yes  No

**Employment and Volunteer Experience**

If you do not have volunteer or work experience, please leave the next two sections blank and continue with your application.

**Employment Experience**: Please list your last three positions, starting with the most recent.

**Organization Position/Duties Dates of Service**

|  |  |  |
| --- | --- | --- |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
|  |  |  |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
|  |  |  |

**Volunteer Experience**: Please list your last three positions, starting with the most recent.

**Organization Position/Duties Dates of Service**

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |

**Are you involved in any professional, business or community associations? If so, please list below:**

**Organization Position/Duties Dates of Service**

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |

**Education Background**

Please check the box that is applicable to your education level:

Junior High School  High School Diploma

College Diploma  University Degree

Post Graduate Degree

**Tell us about any specialized courses or training you have taken. If you are a student, please indicate your program of study and your year of study.**

|  |
| --- |
| Click or tap here to enter text. |

**What qualities and skills do you bring to a volunteer experience?**

|  |
| --- |
| Click or tap here to enter text. |

**Availability**

**What days and times of the week, would you be available to volunteer?**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Morning  Afternoon  Evening

**What thoughts or feelings come to mind when you think about the following topics:**

Click or tap here to enter text.

|  |  |
| --- | --- |
| Suicide: | Click or tap here to enter text. |
|  | |
| Substance Misuse: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Mental Illness: | Click or tap here to enter text. |

**References**

Please provide the name and phone numbers of two references with whom you have worked and/or volunteered.

**Name Phone Number**

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |
| Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |

I hereby give my permission to CMHA Edmonton to contact the above individuals with respect to my

suitability as a volunteer.

**General Information**

**1. CMHA Edmonton is looking for a six-month commitment from volunteers. Does this meet with your expectations?**

|  |
| --- |
| Choose an item. If no, how much time can you give? Click or tap here to enter text. |

**2. How did you hear about the volunteer opportunities that are available at CMHA Edmonton?**

Newspaper  Poster  Radio

School  TV  Information Booth

Website  Word of Mouth  Social Media

CMHA Volunteer  CMHA staff member

|  |  |  |  |
| --- | --- | --- | --- |
| Other (please specify): | | Click or tap here to enter text. | |
|  | |

**3.** **Is there any additional information you would like to share with us?**

|  |
| --- |
| Click or tap here to enter text. |
|  |
| Click or tap here to enter text. |
|  |

**Confirmation**

The above information is true and accurate. Please note: the information on this application is collected to determine eligibility for CMHA Edmonton volunteer opportunities and to safely, effectively, and responsibly implement our volunteer program in accordance with the Freedom of Information and Protection of Privacy legislation. CMHA Edmonton values diversity and welcomes applications from First Nations, Inuit and Metis, New Canadian, racialized, differently abled and LGBTTQIA+ communities.