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

**DISTRESS LINE 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.

**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 by the time Distress Line training begins).**

Yes  No

**I realize the Distress Line training is mandatory for all Distress Line Volunteers. I also realize that I**

**must attend all the training dates of a given course and I am aware of the training dates for the**

**course I’m applying for below. I am interested in attending the following course:**

**I am willing to volunteer at the Distress Line for at least the period of one full year and work a variety of shift schedules (day, evening, overnight and weekend).**

Yes  No

**Would you accept the requirement of working 4 ‘overnight’ hours per month between**

**12:00am - 8:00am?**

Yes  No

**Do you have transportation options (bus, LRT or car) for hours you work between 12:00 am – 8:00 am)?**

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. |
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| 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?**

|  |  |  |
| --- | --- | --- |
| **Shift** | **Day(s)** | **Time** |
| Weekday Overnight | Monday  Tuesday  Wednesday  Thursday  Friday | 12:00am - 8:00am |
| Weekday Daytime | Monday  Tuesday  Wednesday  Thursday  Friday | 8:00am - 4:00pm |
| Weekday Evening | Monday  Tuesday  Wednesday  Thursday  Friday | 4:00pm - 12:00am |
| Weekend Overnight | Saturday  Sunday | 12:00am - 8:00am |
| Weekend Daytime | Saturday  Sunday | 8:00am - 4:00pm |
| Weekend Evening | Saturday  Sunday | 4:00pm - 12:00am |

**What are your hobbies and interests?**

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

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

Click or tap here to enter text.

|  |  |
| --- | --- |
| Family or Intimate Partner Violence: | Click or tap here to enter text. |
|  |  |
| Suicide: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Child Abuse: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Sexual Assault: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Physical Assault: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Bullying: | 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. |

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

|  |  |
| --- | --- |
| Sexual Orientation: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Gender Identity: | Click or tap here to enter text. |

**Have you had a major life event or loss in the last year?**

Yes  No

|  |
| --- |
|  |

**If yes, please describe briefly.**

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

**I have lost someone close to me to suicide.**

Yes  No

|  |
| --- |
|  |

**If yes, please describe briefly.**

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

**I am willing to provide pro-choice referrals concerning abortion if asked.**

Yes  No

|  |
| --- |
|  |

**If yes, please describe briefly**

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

**How did you learn about our volunteer opportunities?**

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. |

**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.