



**Canadian Mental
Health Association**
Edmonton
Mental health for all

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

What is your area of interest?

Date

Name (Last, First, Middle Initial)

Mr. Mrs.
 Miss Ms.

Mailing Address

Postal Code

Phone (Home) (Mobile) May we contact you on your mobile?

Yes No

Email address

Are you over 18 years of age? Yes No

Emergency Contact Information?

Name

Relationship

Phone (Home)

(Mobile)



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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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Organization	Position/Duties	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Organization	Position/Duties	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Education Background

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

- High School: if checking this box, what is the last grade you completed? Click or tap here to enter text.
- College/University: If checking this box, what institution did you attend, and what was your Bachelor's, Master's or Ph.D in? Click or tap here to enter text.
- Diploma or Certificate: If checking this box, what institution did you attend and what was your diploma or Certificate in? 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

Email

_____	_____	_____
_____	_____	_____

I hereby give my permission to CMHA Edmonton to contact the above individuals with respect to my suitability as a volunteer.



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General Information

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

Yes No

If no, how much time can you give? _____

2. What day and times of the week would you be available to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday
 Morning Afternoon Evening

3. What are your top three reasons for volunteering with the CMHA Edmonton?

1.

2.

3.

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

<input type="checkbox"/> Volunteer Postings Site Please specify: _____	<input type="checkbox"/> Web Search	<input type="checkbox"/> CMHA Volunteer
<input type="checkbox"/> Community Event/Volunteer Fair Please specify: _____	<input type="checkbox"/> Facebook	<input type="checkbox"/> CMHA Staff Member
	<input type="checkbox"/> Twitter	<input type="checkbox"/> School
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster
	<input type="checkbox"/> Radio/TV	

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