



**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.

<b>Organization</b>	<b>Position/Duties</b>	<b>Dates of Service</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<b>Organization</b>	<b>Position/Duties</b>	<b>Dates of Service</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<b>Organization</b>	<b>Position/Duties</b>	<b>Dates of Service</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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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	<input type="checkbox"/> Web Search	<input type="checkbox"/> CMHA Volunteer
Please specify: _____	<input type="checkbox"/> Facebook	<input type="checkbox"/> CMHA Staff Member
<input type="checkbox"/> Community Event/Volunteer Fair	<input type="checkbox"/> Twitter	<input type="checkbox"/> School
Please specify: _____	<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?**

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