



**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? Choose an item.

Click or tap to enter a date.

Date

Click or tap here to enter text.

Name (Last, First, Middle Initial)

Mr. Mrs.
 Miss Ms.

Click or tap here to enter text.

Mailing Address

Click or tap here to enter text.

Postal Code

Click or tap here to enter text.

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

Yes No

Click or tap here to enter text.

Email address

Are you over 18 years of age? Yes No

Emergency Contact Information?

Click or tap here to enter text.

Name

Click or tap here to enter text.

Relationship

Click or tap here to enter text.

Phone (Home)

Click or tap here to enter text.

(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
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>

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

Organization	Position/Duties	Dates of Service
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>

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

Organization	Position/Duties	Dates of Service
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>



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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

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.

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?**

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

- 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. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

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

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Volunteer Postings Site
Please specify: Click or tap here to enter text. | <input type="checkbox"/> Web Search | <input type="checkbox"/> CMHA Volunteer |
| <input type="checkbox"/> Community Event/Volunteer Fair
Please specify: Click or tap here to enter text. | <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?**

[Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)
