



**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 LGBTTQIA+ communities.

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## **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.

Date: \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Contact Information**

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
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, and weekend).

- 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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
_____	_____	_____
_____	_____	_____

## 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.**

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

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## Availability

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

Shift	Day(s)	Time
Weekday Daytime	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	8:00am - 4:00pm
Weekday Evening	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	4:00pm - 12:00am
Weekend Daytime	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	8:00am - 4:00pm
Weekend Evening	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	4:00pm - 12:00am

**What are your hobbies and interests?**

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

Family or Intimate Partner Violence: \_\_\_\_\_

Suicide: \_\_\_\_\_

Child Abuse: \_\_\_\_\_

Sexual Assault: \_\_\_\_\_

Physical Assault: \_\_\_\_\_

Bullying: \_\_\_\_\_

Substance Misuse: \_\_\_\_\_

Mental Illness: \_\_\_\_\_

Abortion: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

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

Yes       No

**If yes, please describe briefly.**

\_\_\_\_\_

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

Yes       No

**If yes, please describe briefly.**

\_\_\_\_\_

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

Yes       No

**If yes, please describe briefly**

\_\_\_\_\_

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

Volunteer Postings Site

Please specify:

Community Event/Volunteer Fair

Please specify:

Web Search

Facebook

Twitter

Newspaper

Radio/TV

CMHA Volunteer

CMHA Staff Member

School

Poster

Other (please specify): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

### **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 LGBTTTQIA+ communities.