

**CANADIAN MENTAL HEALTH ASSOCIATION
OXFORD COUNTY BRANCH**

VOLUNTEER PROGRAM: APPLICATION FORM

NAME: _____ DATE: _____

ADDRESS: _____

_____ PHONE: _____

1) EDUCATION (please list any relevant educational experience)

School/Institution	Year Completed	Degree/Diploma Certificate Received

2) WORK EXPERIENCE

Employer (include address)	Position	From	To

3) OTHER VOLUNTEER JOBS

4) CHECK THE AREA(S) YOU ARE MOST INTERESTED IN VOLUNTEERING

<input type="checkbox"/> Education	<input type="checkbox"/> Oxford County Players
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Clerical Support
<input type="checkbox"/> One on One	<input type="checkbox"/> Group Activities
<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Special Events

5) SPECIAL INTERESTS (please list any hobbies, clubs, etc)

6) REFERENCES (please list two including one work-related, if possible)

NAME	ADDRESS	TELEPHONE