



VOLUNTEER PROGRAM: APPLICATION FORM

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

How do you prefer to be contacted? ___ Phone ___ Email

Are you 18 years of age or older? ___ Yes ___ No

Emergency Contact

Name: _____

Phone Number: _____

Relationship: _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Skills and Interests

Indicate which volunteer activities you are interested in (check all that apply):

___ Social One-to-One ___ Driver ___ Special Events ___ Groups ___ Speakers Bureau

___ Other: _____

List skills, hobbies or interests that you have: _____

List training or certifications you have completed: _____



Previous Experience (Paid and Volunteer)

Organization	Duties	From (MM/YY)	To (MM/YY)

References

Provide three references (one must be a professional reference):

Name: _____

Address: _____

Relationship: _____ Phone number: _____

Name: _____

Address: _____

Relationship: _____ Phone number: _____

Name: _____

Address: _____

Relationship: _____ Phone number: _____

Acknowledgement

I declare that the information provided in this application is truthful, complete and correct. I authorize the Canadian Mental Health Association Oxford County to contact individuals or organizations I have named on this application to obtain further information that would assist with my placement as a volunteer. The information on this application form is collected under the authority of the Freedom of Information and Protection of Privacy Act, and will be used solely for the purpose of determining eligibility and suitability for volunteer opportunities.

Signature: _____ Date: _____