



All information will remain confidential. Please do not provide us with any information you feel infringes on your privacy or individual rights. In order to assist us in finding a volunteer placement that best meets your interests with the needs of the agency, please complete this application to the best of your ability.

How did you hear about CMHA - Calgary Region?

<input type="checkbox"/> CMHA Volunteer (former or current)	<input type="checkbox"/> CMHA Staff (former or current)	<input type="checkbox"/> At School
<input type="checkbox"/> Client of CMHA	<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> CMHA Website
<input type="checkbox"/> Propellus	<input type="checkbox"/> Other: _____	
Have you previously worked or volunteered with CMHA? Do you presently work with CMHA?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Information:

Name:	Birthday (Do not include year):
Address (apt./street/city):	
E-mail:	Postal Code:
Phone Number:	Alternative Phone Number:
Emergency Contact Name, Phone# & Relationship:	

Experience & Skills:

Please describe your current occupation or any other work experience or information you believe would be applicable to include as part of your application:				
Please describe briefly any volunteer work you have done in the past:				
Please indicate any specific skills you believe would be applicable for volunteering with CMHA – Calgary Region:				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Languages spoken:</td> <td style="width: 20%;"><input type="checkbox"/> English</td> <td style="width: 20%;"><input type="checkbox"/> French</td> <td style="width: 40%;">Other: _____</td> </tr> </table>	Languages spoken:	<input type="checkbox"/> English	<input type="checkbox"/> French	Other: _____
Languages spoken:	<input type="checkbox"/> English	<input type="checkbox"/> French	Other: _____	

Please indicate your availability to volunteer with CMHA - Calgary Region (check all that apply):

<input type="checkbox"/> Weekday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
<input type="checkbox"/> Weekend	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Please indicate notable availability: _____			
Approximately how many hours per week or month are you hoping to volunteers? _____			
Do you have a valid driver's license and access to a vehicle on occasion?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate your areas of Interest in volunteering with CMHA - Calgary Region (check your top 2 preferences):

Events (normally evenings/weekends)

<input type="checkbox"/> Ride Don't Hide (4 th Saturday in June)	<input type="checkbox"/> Survivors of Suicide Loss Day (1 st Saturday in November)
<input type="checkbox"/> Youth Mental Health Summit (weekday in October)	

Programs (daytime/ groups - day/some evenings)

<input type="checkbox"/> Education Youth and Community (daytime/flexible)	<input type="checkbox"/> Leisure Activity Facilitation
<input type="checkbox"/> Group Facilitation (peer, suicide bereavement, skills for life, money matters)	
<input type="checkbox"/> Outreach (meeting clients in the community)	<input type="checkbox"/> Suicide Bereavement (experienced a loss to suicide)
<input type="checkbox"/> Peer Support (personal lived experience; support in a group or one-to-one setting)	

Other:

<input type="checkbox"/> Office/Project work (daytime)	<input type="checkbox"/> Fundraising (with previous experience)
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References:

References must be non-family members and at least one previous supervisor from your volunteer or work history. Please notify references that they will be contacted within 30 days of your successful placement in a volunteer program with CMHA - Calgary Region. If you do not have reference details at the time of submitting this application, you may provide them within 30 days by email in order to for your application to proceed.

1. Name	Phone:
How do you know this person?	How long?
2. Name	Phone:
How do you know this person?	How long?

Please read and complete the below information in order to complete your application:

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

Yes No

If yes, please explain: _____

I certify that the statements made by myself in this application are true, accurate and complete. I understand and agree that a false statement made either in this application or during the course of my candidacy for volunteering with CMHA may disqualify me from volunteering.

Yes No

I agree to allow CMHA - Calgary Region to keep the confidential personal information I have given them in written form and on their database. I agree that CMHA - Calgary Region may check the references I have given above and conduct a police security check. I understand that my volunteer placement is subject to the successful completion of these checks. I understand and agree that a false statement made either in this application or during the course of my candidacy for volunteering with this agency may disqualify me from volunteering or future employment.

Yes No

Signature: _____ Date: _____

Please note that this information will be held in your personnel file and your volunteer supervisor's file in case of an emergency. Applications shall be destroyed after 6 months after receipt, unless a successful volunteer placement is made.

Thank you for choosing to volunteer for Canadian Mental Health Association - Calgary Region