

CMHA-NL Volunteer Application Form

Personal and Contact Information

Name: _____ Date of Birth (MM/DD/YYYY): _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

(Street Address or P.O. Box)

(City /Town)

(Province)

(Postal Code)

Emergency Contact

Name: _____ Relationship: _____

Cellphone: _____ Work: _____ Home: _____

Do you have any allergies we should be aware of?

Are you currently using CMHA services?

NO YES

If YES, which service(s)? _____

Skills and Interests

Which of these statements best describes you? (Check any that apply.)

I work part-time.
 I work full-time.
 I am retired.
 I am unemployed.

Please specify current or former field/industry if applicable: _____

If you are a student, which stage of education are you currently enrolled in?

High School
 Post-Secondary
 Professional Training/Trade
 Other

Please specify current or former program if applicable: _____

What is your availability? Circle all that apply.

| M | Tu | W | Th | F | Sa | Su |
|----------|-----------|----------|-----------|----------|-----------|-----------|
| AM | AM | AM | AM | AM | AM | AM |
| PM | PM | PM | PM | PM | PM | PM |

What are your hobbies, interests, certifications, and/or personal and professional skills?

Please list previous volunteer experience (if any):

Please list CMHA-NL event(s), programs, and/or areas you would like to volunteer with:

Is there anything else you'd like us to know?

References

Please provide professional and/or personal references:

| Name | Organization | Phone Number | Email |
|------|--------------|--------------|-------|
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| | | | |
| | | | |

I certify that the information contained in this application is correct to the best of my knowledge and consent to persons given as references responding to verbal and/or written requests for information.

Applicant Signature: _____

Date: _____

Certificate of Conduct and Vulnerable Sector Check

Please note: A Certificate of Conduct and Vulnerable Sector Check is required to volunteer in any capacity with CMHA-NL. Please find enclosed your request form for your Certificate of Conduct and Vulnerable Sector Check and a letter verifying that you are applying to volunteer at CMHA-NL. This letter ensures that there will be no charge to you.

Please return completed application and Certificate of Conduct/Vulnerable Sector Check to bhaley@cmhanl.ca or to CMHA-NL, 603 Topsail Road, St. John's, NL A1E 2E1.

For office use only:

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|--|--|
| <p>Date Received: _____</p> <p>Interview Date: _____</p> <p>COC/VSC: Yes / No</p> <p>References Checked? Yes / No</p> <p>Accepted? Yes / No</p> | <p>Training/Orientation Date(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Added to Mailing List: Yes / No</p> <p>Added to Database: Yes / No</p> <p>Processed by: _____</p> |
|--|--|