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| --- |
| **PERSONAL INFORMATION** |
| **Please fill out the fields below:** |
| Name:  |   |
| Date: |   |
| Address: |   |
| City and Postal Code: |   |
| Primary Phone Number: |   |
| Email Address: |   |
| Emergency Contact Name: |   |
| Emergency Contact Number: |   |
| Are you 18 years of age or older? | Yes [ ]  | No [ ]  |
| Do you have a valid driver's license?  | Yes [ ]  | No [ ]  |
| Do you have access to a vehicle?  | Yes [ ]  | No [ ]  |
| How did you hear about volunteering with the Canadian Mental Health Association Waterloo Wellington (CMHA WW)?  |
| Have you volunteered with CMHA WW in the past? | Yes [ ]  | No [ ]  |
| If yes, what date and program?  |
| **VOLUNTEER POSITIONS** |
| **Please check all positions and areas of service that apply to your interests.**  |
| **Positions:** [ ]  Group Support[ ]  One-to-One Support[ ]  Peer Support[ ]  Supportive Child Care[ ]  Fund Development/Events[ ]  No Preference[ ]  Other (please specify any other CMHA WW programs you are interested in):  | **Areas of Service:** [ ]  Children’s Services[ ]  Adult Services[ ]  Senior Services[ ]  Mental Health Promotion and Education[ ]  Employment Services [ ]  No Preference[ ]  Other (please specify any other CMHA WW areas of service you are interested in):  |
|  |
| **AVAILABILITY** |
| **Please indicate when you are available to volunteer. We understand that availabilities may fluctuate and are willing to accommodate changes that occur during your volunteer duration.** |
| **DAY** | **START** | **END** |
| **HOUR** | **AM/PM** | **HOUR** | **AM/PM** |
| *(EXAMPLE)* | *6* | *AM* | *6* | *PM* |
| **Monday** |   |   |   |   |
| **Tuesday** |   |   |   |   |
| **Wednesday** |   |   |   |   |
| **Thursday** |   |   |   |   |
| **Friday** |   |   |   |   |
| **Saturday** |   |   |   |   |
| **Sunday** |   |   |   |   |
|  |
| How many hours per week are you able to commit to this position?  |
| How long are you looking to volunteer with CMHA WW for?  |
| **REFERENCES** |
| **Please include the following information for two to three individuals to provide a reference for you. Please include at least one past/present supervisor (employer/volunteer) if appropriate.** |
| **Name:** | **Phone:** | **Email:** | **Relationship:** |
| 1.  |   |   |   |
| 2.  |   |   |   |
| 3.  |   |   |   |
| **STATEMENT OF UNDERSTANDING**[ ]  I give permission for the Canadian Mental Health Association Waterloo Wellington to contact the above references on my behalf.[ ]  I certify that all information included in this application is true and complete; I understand that a false statement may disqualify me from volunteering or cause my dismissal.[ ]  I understand that as a volunteer with the Canadian Mental Health Association Waterloo Wellington, I am expected to conduct myself in an ethical, legal manner, and that will reflect well upon CMHA WW and that I will not put myself in a conflict-of-interest position.[ ]  I understand that a completed Vulnerable Sector Record Check will be required to be submitted for review before starting volunteering if I am 18 years of age or older.**Signature of Applicant:** **Date:** *NOTICE OF COLLECTION:**Canadian Mental Health Association Waterloo Wellington is committed to protecting personal information by following responsible information handling practices in keeping with privacy laws. Information collected on this form is collected in accordance with PHIPA. It will be used for recruitment purposes, to maintain volunteer records, and to make placements. All applicants are considered equally as to their potential suitability to volunteer, regardless of race, religion, national origin, citizenship, age, gender, sexual orientation, family status, or abilities. This complies with the Charter of Rights and Freedoms and the Ontario Human Right Code. Questions regarding this collection should be forwarded to corporate@cmhaww.ca.* |