

**Capital Region Mental Health & Addictions**

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| **Volunteer Application** | | | | | |
| **Contact Information** | | | | | |
| Name | | | Phone | | |
| Address | | | | | |
| Email | | | | | |
| **Volunteer Information** | | | | | |
| Previous Volunteer Experiences | | | | | |
| What is your level of comfort with mental illness? Do you have any experience in working with adults with a mental illness? If so, please explain. | | | | | |
| Why would you like to volunteer for the Association? | | | | | |
| Areas of Interest | | | | | |
| What skills or experience can you bring to the Association that could benefit our clients? | | | | | |
| **Availability** | | | | | |
| **Monday** | **Tuesday** | **Wednesday** | | **Thursday** | **Friday** |
|  |  |  | |  |  |
| **Education & Work Experience** | | | | | |
| Current or Last Employer | | | | | |
| Position & Job Duties | | | | | |
| Highest Education Attended  🞏 High school 🞏 College 🞏University 🞏 Workshops / Certifications | | | | | |
| Transportation  🞏 Drivers License 🞏 Owns car 🞏 Public Transportation 🞏 Easy Access from Others | | | | | |
| **References** | | | | | |
| Name | | | Name | | |
| Organization | | | Organization | | |
| Relationship | | | Relationship | | |
| Phone | | | Phone | | |
| Do you give CRMHAA permission to contact any previous employer and supervisors of my volunteer commitments? 🞏 Yes 🞏 No | | | | | |
| **Declarations** | | | | | |
| Have you ever been convicted of a criminal offence from which you have not received a pardon?  🞏 Yes 🞏 No | | | | | |
| Is there any additional information you would like to bring to our attention? | | | | | |
| I confirm that the preceding information is true and accurate and wish to become a volunteer:  Signature: Date: | | | | | |

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| **Office Use Only** | |
| Date Received | References 🞏 |
| Orientation Date | Approval |
| Police Checks 🞏 | Date Started |