

**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** |
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| **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 |