



VOLUNTEER APPLICATION FORM

Questions? Contact:
Madhav Khurana, Volunteer Coordinator
905-641-5222
mkhurana@cmhaniagara.ca

Thank you for your interest in volunteering with CMHA Niagara! Our volunteers play an integral role in promoting our vision, mission and values, reducing stigma by creating awareness and assisting in the recovery of those who experience mental health issues. All volunteer applications are reviewed with consideration of current opportunities, suitability for available position, skill set and reference checks. The steps to becoming a volunteer are as follows:

1. Submit application form. **Email completed form to mkhurana@cmhaniagara.ca or fax to 905-688-2977**
2. Interview with Volunteer Coordinator
3. Reference Checks
4. Criminal Records Check (dependant upon position)
5. Orientation/Training and Potential Placement

I. BASIC INFORMATION

First Name:		Last Name:	
Address:		City, Province, Postal Code:	
Phone:		Alt. Phone:	
Email:		Access to a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Languages Spoken:		Birthdate (exclude year)	

II. SELECTION OF VOLUNTEER POSITIONS *full position descriptions available: <http://www.cmhaniagara.ca/volunteer>

Social Connections Program: Support clients online or via telephone and assist in their transition to self-sufficiency.

- Social Support Volunteer:** Speak/email/Skype with someone who is socially isolated to help improve their social skills and interactions. Topics of discussion vary depending on client needs. Includes supporting clients who have recently been exited from services at CMHA. Office located in St. Catharines

Community Engagement Program: Support clients either one-on-one or through group outings/workshops to help clients cope with their mental illness through social and leisure activities.

- Individual Community Access Volunteer:** With the supervision of a Case Manager, you will meet with client one on one and be there to provide companionship and social interaction. This could include leisure, social and recreational activities.
- Group Community Access Volunteer:** Participate in groups to help individuals make connections and form meaningful relationships with other individuals through social and leisure activities.

For the above positions, training is provided in partnership with the Distress Centre Niagara. Have you previously participated in the 21-hour training through Distress Centre Niagara? YES NO

- Public Speaker:** As part of the Speaker's Bureau program, share your story and experiences dealing with mental illness.
- Bingo:** This program helps raise funds for CMHA. The position involves greeting customers and providing information about services at CMHA. Locations: Fort Erie and Niagara Falls
- Board of Directors:** Volunteers are elected to oversee the vision of CMHA Niagara
- One time/Fundraising Events:** Various events held throughout the year to increase mental health awareness. (Women & Wellness, Ride Don't Hide)
- Other:** Have a skill that you would like to volunteer your time with? _____

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III. EXPERIENCE AND SKILLS

Please describe your current occupation or any other work experience you believe would be applicable:

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 Niagara:

Health knowledge or education of:

- Depression and anxiety
- Bipolar Disorder
- Schizophrenia
- Trauma
- Personality Disorders
- Therapy and Treatment
- Development Disabilities
- Addictions

Administrative and Public Relations

- Reception – answering telephones, transferring calls
- Filing
- Data Entry
- Microsoft Office (Word, Excel, Powerpoint)
- Adobe Suite (Photoshop, Illustrator, InDesign)
- Graphic Design
- Social Media and Communications
- Public Speaking/Workshop Facilitation

Food and Nutrition: _____ **Arts:** _____ **Exercise:** _____
ex. cooking Mexican food ex. painting ex. yoga

Additional skills:

Would you be interested in teaching your skill or offering free services to clients? Yes No

Comments:

How did you hear about CMHA – Niagara?

- Information Niagara Database
- CMHA staff (former or current)
- Browsing internet/CMHA website
- Volunteer/Career Fair
- CMHA volunteer (former or current)
- At school
- Client of CMHA
- Other: _____

Please indicate your reasons for wanting to volunteer with CMHA? (select all that apply)

- Job Seeking
- Altruistic reasons (concern for others)
- Social Activism (cause related)
- Lifelong Volunteer
- Remaining Active
- Pre-employment/education requirement
- Increase cultural awareness or strengthen language skills
- Mandated community service hours
- Increase community involvement and/or social interactions/activities
- Reduce stigma/increase awareness
- Gain experience
- Share personal experience
- Personal Growth

IV. EDUCATIONAL BACKGROUND

Secondary Post-Secondary (please indicate highest level achieved) Name of School: _____

Completed - year: _____ or Ongoing - indicate current year of study: _____

Degree(s)/Diploma(s):

Other relevant education or courses taken:

V. Commitment and Availability

Volunteers need to attend one to four training sessions depending on the position and complete an online orientation. Are you willing to commit to these training sessions in order to become qualified to volunteer for CMHA Niagara? Yes No

Unless a one-time event, volunteers are asked to commit a minimum of one year of volunteering, is this something you feel that you can commit to? Yes No

How often are you able to volunteer? Weekly Biweekly Monthly Other _____

Availability – please indicate your availability (check all that apply)

	MON	TUES	WED	THURS	FRI	SAT	SUN
Mornings							
Afternoons							
Evenings							

References *please note references must be unrelated to you and one must be a professional reference

Name:		Name:	
Email:		Email:	
Phone:		Phone:	
Relationship:		Relationship:	

Please read carefully before signing:

I verify that the information provided in this application is accurate and true. I also understand that volunteering with CMHA Niagara is dependent on acceptable results from criminal records checks and reference checks. I authorize the above noted reference checks and criminal records checks, and release all persons requesting or providing such information from all liability or responsibility.

I acknowledge and accept that this application does not guarantee my acceptance as a volunteer with CMHA Niagara.

Applicant Signature: _____ **Date:** _____

If unable to sign, this can be filled out at time of interview (if selected)

INTERNAL USE ONLY:

Date Received _____ Date Responded _____

Interview Scheduled? _____ References Checked? _____

Criminal Records Check? _____ Orientation Complete? _____