



Canadian Mental
Health Association
Niagara
Mental health for all

Women and Wellness

Volunteer Application Form

Event: Women and Wellness
Dates: Event - Thursday, February 15, 2018
Training night - TBD
Time: Varies dependant on position (evening)
Location: Club Roma, St. Catharines

Women and Wellness is an annual event hosted by CMHA to provide education and information on women's mental health. This fundraising event helps to provide immediate counselling services to residents in Niagara.

Thank you for your interest in volunteering for this fantastic and fun event!

Please return your completed application to **Madhav Khurana, Volunteer Coordinator** at:

Email: mkhurana@cmhaniagara.ca **Fax:** 905-688-2977 **Telephone:** 905-641-5222 ext 2633

Visit our website www.cmhaniagara.ca for more information.

Personal Information

Name:

Email:

Phone:

Address:

Emergency Contact Information (name/relationship/phone):

Positions

All positions will be assigned, as needed. For more information about available positions, please visit www.cmhaniagara.ca/volunteer/

I would like this opportunity to count toward my 40 hour volunteer requirement for high school.

I am interested in longer term volunteer opportunities with CMHA Niagara (must be over 18).

How did you hear about this opportunity?

Volunteer History

Please tell us about your experience and skills.

References If you are a returning Women and Wellness volunteer, this section is not required.

Please provide contact information for two people who are not relatives or close friends.

1. Name: Relationship:

Email: Phone:

2. Name: Relationship:

Email: Phone:

Volunteer Agreement

I understand that I will be required to attend a training session prior to event day in order to participate for Women and Wellness

I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability
2. To adhere to agency rules and procedures, including confidentiality of agency, participants, volunteers and persons associated to the organization information
3. To meet time and duty commitment or to provide adequate notice so that alternative arrangements can be made
4. To act at all times as a team member responsible for accomplishing the mission of the agency
5. To act in a professional manner while volunteering for Women and Wellness

Signature:

Date:

PHOTOGRAPHY RELEASE:

I hereby consent to and authorize the use and reproduction by CMHA Niagara of any and all photography and/or videography that has been taken of me during Women and Wellness for any purpose, without compensation to me. All digital image and/or video files are wholly owned by CMHA Niagara, who reserves the right to use these images and/or video for publication for radio, TV, print or social/online media campaigns.

Signature:

Date:

Please read carefully before signing:

I verify that the information provided in this application is accurate and true.

I understand if I am accepted as a volunteer, I will respect the confidentiality and privacy of information about clients, staff, volunteers and donors in compliance with the relevant privacy legislation.

Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I hereby release CMHA Niagara and all employees or volunteers from any cause of action or claims for damages whether bodily damage, property damage, emotional trauma or anxiety arising from my association with CMHA Niagara.

Signature:

Date: