



**Canadian Mental  
Health Association**  
Champlain East  
*Mental health for all*

**Association canadienne  
pour la santé mentale**  
Champlain Est  
*La santé mentale pour tous*

329 rue Pitt Street  
Cornwall, ON K6J 3R1  
Tel 613-933-5845  
1-800-493-8271  
Fax 613-936-2323  
cmha-east.on.ca  
acsm-est.on.ca

## Volunteer Application Form

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Languages:

CMHA Champlain East holds French designation under Ontario's French Language Services Act.

### Spoken

- ☐ English
- ☐ French
- ☐ Other \_\_\_\_\_

### Written

- ☐ English
- ☐ French
- ☐ Other \_\_\_\_\_

### Area(s) of Interest:

- ☐ Resource Center Starbright to assist in facilitating activities
- ☐ Lived experience testimonial speaker
- ☐ Assistant facilitator of walking groups
- ☐ Fundraising campaigns
- ☐ Assistant facilitator in educational sessions
- ☐ Board of Directors or committee work



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- Assist in clerical tasks

Other: \_\_\_\_\_

**Availability:**

- |                |               |
|----------------|---------------|
| ○ Monday AM    | ○ Thursday PM |
| ○ Monday PM    | ○ Friday AM   |
| ○ Tuesday AM   | ○ Friday PM   |
| ○ Tuesday PM   | ○ Saturday AM |
| ○ Wednesday AM | ○ Saturday PM |
| ○ Wednesday PM | ○ Sunday AM   |
| ○ Thursday AM  | ○ Sunday PM   |

What made you want to join us at the Canadian Mental Health Association?

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Have you ever done mental health activities, volunteered, or had experiences that prepared you to help at CMHA, and what skills can you bring?

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I \_\_\_\_\_ authorize CMHA Champlain East to contact the following people to furnish any relevant information they may have concerning my suitability as a volunteer with the CMHA Champlain East.

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Signature



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***Please provide two professional references.***

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Notice of Collection:**

Notice of Collection: Personal information on this form is collected in accordance with PIPEDA and will be used to maintain volunteer records, make placements, and compile mailing lists for newsletters and recognition. Questions regarding this collection should be forwarded to the Manager of Human Resources of CMHA Champlain East, 329 Pitt Street, Cornwall, ON, K6J 3R1, by phone 613-933-5845, toll free 1-800-493-8271.