

# Canadian Mental Health Association Kenora Branch ("CMHAK") VOLUNTEER APPLICATION

\*All information contained in this pre-screening application, will be protected by the CMHAK in accordance with applicable privacy legislation. Information collected is used only to determine eligibility and suitability of the volunteer\*

## **VOLUNTEER INTEREST: 1) Please check any of the following that are of interest to you.**

Special event <input type="checkbox"/>	Forensic Case management <input type="checkbox"/>	Assertive Community Treatment Team <input type="checkbox"/>
Court Diversion <input type="checkbox"/>	Kenora Supportive Housing <input type="checkbox"/>	Counselling & Treatment Team <input type="checkbox"/>
Quality Improvement <input type="checkbox"/>	Administration <input type="checkbox"/>	Safe Bed <input type="checkbox"/>
Joint Mobile Crisis <input type="checkbox"/>	Rent Supplement Program <input type="checkbox"/>	Kenora Emergency Shelter <input type="checkbox"/>

Other (specify): \_\_\_\_\_

## **2) Applicant Information**

### **Personal Information**

Full Name:

\_\_\_\_\_  
*Last* *First* *M.I.*

Address:

\_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *Province/State* *Postal/ZIP Code*

Home Phone:

Alternate Phone:

\_\_\_\_\_

Email & Date of Birth:

\_\_\_\_\_

### **Emergency Contact**

Full Name:

\_\_\_\_\_  
*Last* *First* *M.I.*

Primary Phone:

Alternate Phone:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

## **3) Languages Spoken (Check all that apply):**

English  French  Other (specify): \_\_\_\_\_

**4) Aboriginal Peoples:** (This is a **voluntary** question. The information collected will not affect your application and will be used for statistical purposes only). Aboriginal Peoples are persons in Canada who consider themselves to be First Nations, Inuit or Metis. Do you consider yourself to be an Aboriginal Person (Yes/No)?

5) When are you available to volunteer? Check all that apply

Mon	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) Accommodation:

CMHAK is committed to developing inclusive, barrier-free selection processes and environments. If contacted in relation to a volunteering opportunity, you should advise CMHAK in a timely fashion of the accommodation measures which must be taken to enable you to be assessed in a fair and equitable manner. Information received relating to accommodation measures will remain confidential.

7) Please describe any previous volunteer or employment experience you have that may be relevant

\_\_\_\_\_

8) Please describe why you want to volunteer at CMHAK

\_\_\_\_\_

9) EMPLOYMENT: Current position; name; and contact of current employer:

\_\_\_\_\_

May we contact your current employer (Yes/No):

10) EDUCATION: Completed (Check all that apply):

High School  Post-Secondary School  Graduate School

Other (Specify) \_\_\_\_\_

11) REFERENCES:

List two references who may be contacted.

\_\_\_\_\_

13) Criminal Record & Third Party Background Check.

CMHAK provides services to vulnerable members of the community. All applicants are required to submit to a criminal record check and a third party background check, providing CMHAK with all names and alias' utilized on Social Media. Applicants who refuse may not be considered prospective volunteers. CMHAK will reimburse you in full for any expense incurred to obtain a recent criminal record check from the Ontario Provincial Police.

Please indicate if a completed criminal records check is attached or whether you have made efforts to obtain one and the expected date of receipt:

\_\_\_\_\_

Please list all names and alias' used in Social Media: \_\_\_\_\_

14) Release of Information and Waiver. **\*ATTENTION\***: Any false information will be grounds for denial, or, if accepted, immediate termination.

I, \_\_\_\_\_, give permission to CMHAK to obtain all information necessary to qualify me as a volunteer. I understand that CMHAK has final authority in the approval or rejection of the application. This decision will be final. I may request an explanation for the decision. By signing this form, I acknowledge that I have read, understand and agree to the above conditions, release and waiver. I also authorize CMHAK to contact the references provided. I also acknowledge I was given the opportunity to ask questions and I received satisfactory answers to these questions.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date