



Volunteer Application

Contact Information

Name: _____

Address: _____ City: _____ Postal Code: _____

Homes phone: _____ Cell phone: _____

Email address: _____

How can we contact you? (choose all that apply): Phone Text message Email

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekday afternoons

Weekday evenings

Only the following days / hours:

Weekend mornings

Weekend afternoons

Weekend evenings

Flexible

Interests

Tell us in which areas you are interested in volunteering.

Food sorting and packing

Food deliveries

Sourcing food vendors

Mobile food market

Food processing & meal prep

Volunteer coordination

Office / admin

Fundraising

Farmers' Market booth

Special Skills or Qualifications

Summarize any skills and/or qualifications you have gained from employment, previous volunteer work, or through other activities, including hobbies or sports that you think would be useful in your volunteer work.

Skills:

Qualifications:

About Yourself
Education History:

Work Experience: (briefly)

Previous Volunteer Experience
Summarize your previous volunteer experience.

References
Please provide us with two references we can call. Please do not include family members.

- 1. _____
Name Relationship to you Phone number
- 2. _____
Name Relationship to you Phone number

Person to Notify in Case of Emergency

Name: _____
Address: _____ City: _____ Postal Code: _____
Home phone: _____ Cell phone: _____
Email address: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____
Signature: _____
Date: _____

Our Policy

This organization's policy is to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. We will contact you as soon as we have a chance to review your application.

Submitting Your Application

Please submit your completed electronic application form by email to jenniferr@cmhanorthernbc.ca
Please call 236-424-1998 to make arrangements to drop off your application in person.

Next Steps

Upon submission of your Volunteer Application form, CMHA will request the completion of a Criminal Record Check, including the Vulnerable Sector Check. All individuals who seek to volunteer with CMHA must successfully clear an RCMP Criminal Record Check prior to commencing unsupervised involvement with CMHA. CMHA will provide a letter you can bring to your local RCMP office to waive the fee.

Contact

Canadian Mental Health Association of Northern BC
Quesnel Office:
102-345 Anderson Drive
Quesnel, BC
V2J 1G3

Website: northernbc.cmha.ca
Phone: 236-424-1946
Fax: 236-424-1992