

**VOLUNTEER APPLICATION FORM**

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| Volunteer Name: | | | | Date: |
| Address: | | | | |
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| Telephone #: | Email: | | | |
|  | | | | |
| Professional Body Affiliation (if any): | | | | |
|  | | | | |
| Volunteer Availability Start Date: | | | Volunteer Availability End Date: | |
| Days of the Week You are Available: | | M T W Th F Weekend Events | | |

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| **RANK YOUR VOLUNTEER PREFERENCE**  Events: #    Counselling: #    Court Support: #    Outreach: #  Urgent Response: #\_\_\_\_\_\_  Residential: #\_\_\_\_\_\_  Social Rehabilitation: # \_\_\_\_\_\_  Intensive Case Management: #\_\_\_\_\_\_ |
| Youth Awareness / Education: #\_\_\_\_\_\_ |
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**Please email this completed application form along with your placement course outline, specific objectives/goals/interests related to the program, a cover letter and resume to:** [**adrimmie@cmahgb.org**](mailto:kmcmahon@cmhagb.org) **or** [**jralph@cmhagb.org**](mailto:jralph@cmhagb.org)

*CMHAGB is committed to providing a welcoming and inclusive workplace. We welcome student placement applications from people with disabilities and provide accommodation upon request during the selection process.*