

**VOLUNTEER APPLICATION FORM**

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| Volunteer Name: | Date: |
| Address: |
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| Telephone #:  | Email: |
|  |
| Professional Body Affiliation (if any): |
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| 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: #\_\_\_\_\_\_ |
|  |

**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** **or** **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.*