



OFFICE USE ONLY

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PLEASE EMAIL COMPLETED FORM TO VOLUNTEER.KELOWNA@CMHA.BC.CA  
OR SUBMIT TO 504 SUTHERLAND AVE  
KELOWNA BC V1Y 5X1

Thank you for your interest in volunteering for our events! Our volunteers play a vital role in promoting our vision, increasing mental health awareness and providing services to our community. All volunteer applications are reviewed with consideration of current opportunities, fit for available position, skill set and reference checks. The steps to becoming a volunteer are as follows:

- |   |   |
|---|---|
| 1) Submit Application Form              | 4) Criminal Record Check (if applicable)  |
| 2) Interview with Volunteer Coordinator | 5) Secondary Interview with Program Staff |
| 3) Reference Checks                     | 6) Potential Placement                    |

APPLICANT CONTACT INFORMATION			
NAME			<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS
ADDRESS			
CITY, PROVINCE		POSTAL CODE	
DATE OF BIRTH		PHONE	
EMAIL		CELL PHONE	
EMERGENCY CONTACT			
NAME		PHONE #	
EDUCATIONAL BACKGROUND			
<input type="checkbox"/> SECONDARY <input type="checkbox"/> POST-SECONDARY <input type="checkbox"/> DEGREE/DIPLOMA			
DEGREE/DIPLOMA INFORMATION			
SKILLS YOU CAN OFFER CMHA			
<input type="checkbox"/> GENERAL LABOUR <input type="checkbox"/> COOKING OR BAKING <input type="checkbox"/> PHOTOGRAPHY/VIDEOS	<input type="checkbox"/> PROMOTION & MARKETING <input type="checkbox"/> GROUP FACILITATION <input type="checkbox"/> ENTERTAINMENT <input type="checkbox"/> OTHER: _____		<input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> EVENT PLANNING <input type="checkbox"/> RECEPTION
WORK EXPERIENCE			
<i>Alternatively, you may attach a current resume for this section.</i>			
EMPLOYER		POSITION/TITLE	
START DATE		END DATE	
PREVIOUS VOLUNTEER EXPERIENCE			
<i>Attach additional page if necessary</i>			
ORGANIZATION		POSITION	
START DATE		END DATE	
ASSIGNMENT/DUTIES			



**HOW DID YOU HEAR ABOUT OUR EVENT VOLUNTEERING OPPORTUNITIES?**

**WHY DO YOU WANT TO VOLUNTEER WITH CMHA KELOWNA?**

**WHAT SKILLS/PERSONAL CHARACTERISTICS DO YOU HAVE THAT YOU COULD BRING TO EVENT VOLUNTEERING?**

**WHAT KIND OF EVENTS ARE YOU HOPING TO BE INVOLVED IN?**

**REFERENCES**

*Please note that references must be unrelated to you.*

1 <sup>ST</sup> REFERENCE		2 <sup>ND</sup> REFERENCE	
RELATIONSHIP		RELATIONSHIP	
TELEPHONE		TELEPHONE	

**PLEASE READ CAREFULLY BEFORE SIGNING**

I VERIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE. I ALSO UNDERSTAND THAT VOLUNTEERING WITH THE CANADIAN MENTAL HEALTH ASSOCIATION IS DEPENDENT ON ACCEPTABLE RESULTS FROM CRIMINAL RECORD CHECKS AND REFERENCE CHECKS. WHILE EVERY ATTEMPT IS MADE TO SECURE THE VOLUNTEER POSITION THAT IS DESIRED, CMHA MAINTAINS THE AUTHORITY TO DECIDE THE PLACEMENT OF VOLUNTEERS.

SIGNATURE OF APPLICANT		DATE	
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