



## Volunteer Application Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Age Group: Under 18 \_\_\_ 18-25 \_\_\_ 26-40 \_\_\_ 41-55 \_\_\_ Over 55 \_\_\_

Language: English \_\_\_ French \_\_\_ Bilingual \_\_\_ Other \_\_\_

Please select the area(s) you would like to volunteer:

Reception \_\_\_ Administration \_\_\_ Events \_\_\_ Fundraising \_\_\_ Kiosks \_\_\_

Education/Presentations \_\_\_ Tear Down \_\_\_ CMHA Mental Health Week \_\_\_

Support Group Assistant \_\_\_ CMHA of NB Kindness Day \_\_\_



**Canadian Mental  
Health Association**  
New Brunswick  
*Mental health for all*

**Association canadienne  
pour la santé mentale**  
Nouveau-Brunswick  
*La santé mentale pour tous*

**Tell us why you want to volunteer with the Canadian Mental Health Association of New Brunswick:**

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**Tell us what you hope to gain from your experience with us:**

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**Tell us about your educational background, work or volunteer experience that would be relevant to the role you would like to volunteer for:**

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**If you have volunteered before, please give details of where you have volunteered, for how long and describe your role:**

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**What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you would like to do:**

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**When are you available to volunteer? Please specify days, times and the length of commitment you would like to make:**

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Do you have a valid driver's license? Yes \_\_\_ No \_\_\_

Do you have car insurance? Yes \_\_\_ No \_\_\_

Are you willing to use your vehicle to transport other volunteers? Yes \_\_\_ No \_\_\_

Criminal Record Check? Yes \_\_\_ No \_\_\_ Date of last check \_\_\_\_\_

**References (No direct relatives):**

1. \_\_\_\_\_ Telephone: \_\_\_\_\_

2. \_\_\_\_\_ Telephone: \_\_\_\_\_

3. \_\_\_\_\_ Telephone: \_\_\_\_\_

***Please read the following carefully before signing this application:***

I understand that this is an application for (and not a commitment or promise of) volunteer opportunities. The information that I have provided is true, correct and complete to the best of my knowledge. I have not and will not withhold any information that would unfavourably affect my application. I understand that information contained on my application will be verified by the Canadian Mental Health Association of New Brunswick. I understand that any misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CMHA of NB Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

Resume Received \_\_\_ References Checked \_\_\_

Criminal Record Check (with vulnerable sector) Received \_\_\_

Date Approved: \_\_\_\_\_