



**Canadian Mental
Health Association**
Huron Perth
Mental health for all

**Association canadienne
pour la santé mentale**
Huron Perth
La santé mentale pour tous

Our Vision: A society that values human dignity and enhances mental and emotional well being for all.

Volunteer Application Form

Name: _____

Address: _____

Phone # (home): _____ (Bus): _____

Email: _____

How did you hear about CMHA Huron Perth? _____

Please list Education/Experience/Skills that are relevant to volunteer opportunities with CMHA Huron Perth _____

Have you volunteered in the past? YES NO

Please provide details of Volunteer Experiences: _____

Please list interests and hobbies? _____



**Canadian Mental
Health Association**
Huron Perth
Mental health for all

**Association canadienne
pour la santé mentale**
Huron Perth
La santé mentale pour tous

Our Vision: A society that values human dignity and enhances mental and emotional well being for all.

Please tell us why you would like to volunteer for CMHA Huron Perth?

Please provide two references: DO NOT INCLUDE FAMILY MEMBERS

Name: _____ Name: _____

Address: _____ Address: _____

Postal Code: _____ Postal Code: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Person's Association with you?

Person's Association with you?

I give CMHA Huron Perth permission to collect information regarding my qualifications relevant to the position and to update this information as needed. I certify that the above information is true and complete.

Signature: _____ Date: _____