



Huron Perth  
Mental Health  
Services

Volunteer Application Form

Name: \_\_\_\_\_

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

Phone # (home): \_\_\_\_\_ (Bus): \_\_\_\_\_

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

How did you hear about Resilience Huron Perth? \_\_\_\_\_

Please list Education/Experience/Skills that are relevant to volunteer opportunities with Resilience Huron Perth \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered in the past? YES NO

Please provide details of Volunteer Experiences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list interests and hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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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?

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Person's Association with you?

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*I give Resilience 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: \_\_\_\_\_