



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

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

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Please tell us why you would like to volunteer for CMHA 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 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: \_\_\_\_\_