



## Application for Volunteer Position

Application Date:		
Name:		
Address:		
City:	Province:	Postal Code:
Number:	Email address:	

Volunteer Role applying for:

Client Advisory Committee	<input type="checkbox"/>	Board member	<input type="checkbox"/>
Peer Support Volunteer	<input type="checkbox"/>	Stratford Connections Volunteer	<input type="checkbox"/>
Northern Huron Connections Volunteer	<input type="checkbox"/>		

Why are you interested in volunteering with CMHA HP?

Are you currently a client of CMHA HP?  Yes  No

If yes, what program(s) are you involved in? (Check all that apply)

Behavioural Change <input type="checkbox"/>	Pregnancy and Parenting Program <input type="checkbox"/>	Back on Track Program <input type="checkbox"/>
Withdrawal Management <input type="checkbox"/>	Youth program <input type="checkbox"/>	Needle Syringe Program <input type="checkbox"/>
Opiate/Methadone Support <input type="checkbox"/>	Adult program <input type="checkbox"/>	Smoking Cessation Program <input type="checkbox"/>
Transitional Case Management <input type="checkbox"/>	Peer Support Centre <input type="checkbox"/>	SHOPP Program <input type="checkbox"/>
Addictive Supportive Housing <input type="checkbox"/>	The Connection Centre <input type="checkbox"/>	ASH Program <input type="checkbox"/>
Court Support Program <input type="checkbox"/>	Gambling and Gaming program <input type="checkbox"/>	Other:



Were you ever a client of CMHA HP (*formerly Choices For Change & Resilience*), if yes, when?

Do you have any previous volunteer experience? If please describe.

Is there anything else that we need to know about you? (Allergies, physical limitations, Etc.)

What would be the best way to reach you for the purpose of arranging an interview?

Applicant's e-Signature

Date