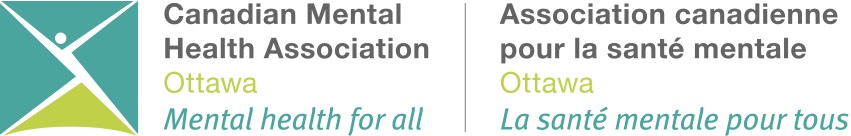


TALKING ABOUT MENTAL ILLNESS

VOLUNTEER APPLICATION

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| *Thank you for your interest in becoming a volunteer with the TAMI program at the Canadian Mental Health Association.*  *Please complete this application to the best of your ability. Do not hesitate to contact the coordinator for assistance, questions or clarifications. Accessibility modifications are available upon request.*  *It is encouraged to provide any additional documents to this application that you may find suitable (ie, resume, reference letters, certificates etc.).* |

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| **Upon completion, please send this application to:** |
| **why_obesity_needs_to_matter_to_employers.png** |
| **Kamilla Riabko**  *Vocational/Volunteer Program Assistant*  Canadian Mental Health Association 1355 Bank Street, Suite 301 Ottawa, ON, K1H 8K7  **Email:** [volunteers@cmhaottawa.ca](mailto:volunteers@cmhaottawa.ca)  **Phone:** (613) 737-7791 Ext.118  **Fax:** (613) 737-7644 |

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## Becoming a Volunteer Speaker Application

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| Demographics |

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| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | |  |  | Date of Birth: |  |
|  | First | | M.I. | Last |  | mm/dd/yyyy |
| Address: |  | | | |  | |
|  | | Street Address | | | Apartment/Unit # | |
|  | Ottawa | | | | Ontario |  |
|  | | City | | | Province | Postal Code |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Phone # (primary): | | (     ) | Phone # (secondary): | | (     ) | | |
| E-mail Address: |  | | | Best method to contact: | | Phone | Email |

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| Age Category: | | 16-25 | | | | 26-40 | | | 41-50 | | | 51-65 | 65-70 | | Over 75 |
| Gender: | Male | | | Female | | | Other | | | Preferred Pronoun (optional): | | | |  | |
| Languages spoken: | | |  | | | | | | | | Preferred Language: | | |  | |
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| Are there any restrictions or limitations on the types of activities that you can participate in (e.g. reduced mobility, health concerns, etc.)? | | | Yes | No |
|  | If yes, please explain: |  | | |
|  | Please note: this section will not influence our decision in recruitment. |  | | |
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| **Commitment** |

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| Can you commit yourself to volunteer for (at least) 1 year? | Yes | No |
| Are you able to commit 3 to 5 hours per month? | Yes | No |
| Are you able to meet quarterly for team meetings? | Yes | No |
| Most presentations take place during school hours. Are you able to present during these hours? | Yes | No |
| We provide mandatory training to all our volunteers. Training often takes place during regular business hours. Are you able to follow training during normal business hours? | Yes | No |

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| F O R O F F I C E U S E O N L Y | | | | | |
| Received by: |  | Received date: |  | In CRMS: |  |
| Notes: |  |  |  | PRC letter: |  |
|  | | | | | |

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| **EMERGENCY CONTACT** | | | | | | |
| Name of emergency contact: | |  | | Relationship to you: | |  |
| Phone # (primary): | (     ) | | Phone # (secondary): | | (     ) | |

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| Education |

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| --- | --- | --- | --- | --- | --- |
| Please check off all that apply to you: | | | | | |
|  | Completed Elementary School (grade 8) | | | | |
| Completed High School or Vocational | | | | |
| Special Education | Please specify: | |  | |
| Some College or University | Please specify: | |  | |
| Completed College or University | Please specify: | |  | |
| Ongoing Education: Please list any additional programs, workshops, skill development and trainings that you have completed along with the date of completion: | | | | | |
|  | Program and Providers (school, agency…) | | Date of completion | |  |
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| Reason for Volunteering |

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| What are your reasons for wanting to volunteer with the Canadian Mental Health Association and what do you hope to gain from your involvement? |
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| Employment and Volunteer Work |

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| *Please share you employment and volunteer experience that is most relevant to the role/position that you are applying for.* |

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| Organization: | |  | Date: |  |
| Job title: |  | |  | |
| Responsibilities: | | | | |
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| Organization: | |  | Date: |  |
| Job title: |  | |  | |
| Responsibilities: | | | | |
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| Organization: | |  | Date: |  |
| Job title: |  | |  | |
| Responsibilities: | | | | |
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| --- | --- | --- | --- | --- |
| Organization: | |  | Date: |  |
| Job title: |  | |  | |
| Responsibilities: | | | | |
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| Lived Experience |

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|  | | *CMHA Ottawa Branch is actively seeking out and hiring persons with lived experience with mental illness (consumers/persons who receive services for mental illness) as volunteers to share their experience with other peers and youth.* | | | |  | |
| Do you have lived experience with mental illness? | | | | Yes | No | | |
| Have you shared your lived experience with others before? | | | | Yes | No | | |
|  | | If so, with whom and where: |  | | | | |
| Please share with us some of your lived experience with mental health and mental illness in the space provided: | | | | | | | |
|  | *You are welcome to include attachments to this application of any additional material that may help you answer this section (ie. stories, art work, poems, illustrations and etc.)* | | | | | |  |
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| Understanding and Knowledge of Mental Health |

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| Please tell us about your understanding and knowledge of mental health: |
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| What about your understanding & knowledge of Hope, Resilience and Recovery: |
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| Getting to Know You |

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| How would you describe yourself as a person? (e.g. personality traits, sense of humour, outgoing, quiet etc.) | | | | | | | | |
|  | | | | | | | | |
| Do you have any experience with presenting? | | | | Yes | No | | |
|  | If so, please describe: | |  | | | | |
| Do you have any experience with story writing? | | | | Yes | No | | |
|  | If so, please describe: | |  | | | | |
| Do you have any experience with youth (age 13-18)? | | | | Yes | No | | |
|  | If so, please describe: | |  | | | | |
| Are there any other specific skills that you are hoping to further develop during your time with the TAMI program? (ie. not using notes, creative sharing etc.) | | | | | | Yes | No |
|  | If so, please describe: | |  | | | | |
| Do you use public transpiration? | | | | YesNo | | | |
| Do you use Para Transpo? | | | | YesNo | | | |
| *Bus tickets can be provided to assist with transportation. On occasion, a shared ride in a vehicle will also be available upon availability.* | | | | | |  | |
|  | | Comments: |  | | | | |

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| References |

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| *Please indicate three persons, (two professionals and one can be friend or family. The professional reference may be from volunteer or paid work. Please be sure to fill out ALL FIELDS.* |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | Relationship to you: | |  | |
| Organization: | |  | | Phone Number: | (     ) | | |
| Mailing address: | | | | Email Address (if available): | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | Relationship to you: | |  | |
| Organization: | |  | | Phone Number: | (     ) | | |
| Mailing address: | | | | Email Address (if available): | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | Relationship to you: | |  | |
| Organization: | |  | | Phone Number: | (     ) | | |
| Mailing address: | | | | Email Address (if available): | | | |
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| Disclaimer and Signature |

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| I |  | hereby authorize the Vocational Volunteer Assistant at the Canadian Mental Health | | | | | |
| Association to contact the above mentioned persons. | | | | | | | |
|  | | | | | | | |
| I understand that the information that I have given is confidential and to be used only by the Vocation Support Staff to identify my eligibility for the volunteer program(s). | | | | | | | |
|  | | | | | | | |
| Volunteer Name: | | |  |  |  |  | |
| Volunteer Signature: | | |  |  | Date: |  |  |