



Volunteer Resources Application Form

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ E-mail: _____

Cell phone: _____

Emergency Contact: _____

Why do you want to volunteer at Waypoint Centre for Mental Health Care?

List your experiences?

Volunteer: _____

Work: _____

Education: _____

What gifts, talents, interests and skills do you feel you bring to this volunteer position?

What experiences in your life do you feel will help you working with people who live with mental illness?

What languages other than English do you write and/or speak with ease? _____

- *I understand that I will need to obtain a police record check and supply references prior to commencement of duties.*
- *I certify that the information that is provided on this Volunteer Resources Application Form is true and complete.*
- *I understand that this information will remain confidential and is the property of Waypoint Centre for Mental Health Care.*

Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO THE COORDINATOR, VOLUNTEER SERVICES

Diane Desroches
Talent & Volunteer Services Coordinator
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FAX: 705-549-3446
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