



Waypoint

CENTRE for MENTAL HEALTH CARE
CENTRE de SOINS de SANTÉ MENTALE

Volunteer Application Form

Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal: _____

Home Phone: _____ Cell Phone: _____

E-mail _____

Emergency contact (Name/phone number) _____

I consent to receive information by e-mail: Y / N

I am over the age of 18: Y / N

Why are you interested in volunteering at Waypoint?

What gifts, talents, interests, skills and/or experience would you bring to a volunteer position at Waypoint and in turn support people who live with mental illness?

Languages spoken: English French Other: _____

Volunteer History: Do you have previous volunteer experience?

If so, please list the organization for which you volunteered, position held, time in position.

Organization	Position	Time volunteered

Employment History: Please list your employer, position held, years employed.

Employer	Position	Years Employed

Education History:

Please list any post-secondary education that you are in the process or have completed.

School	Program/Course of Study	Years completed

Availability:

During which hours are you available for volunteer assignments? Please check all that apply.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning							
afternoon							
evening							

1. I understand that I will need to obtain a vulnerable person police record check and supply references prior to commencement of duties.
2. I certify that the information that is provided on this Application form is true and complete
3. I understand that this information will remain confidential and is the property of Waypoint.
4. I agree to my photograph being taken for identification and/or media purposes **YES** ___ **NO** ___

Applicants Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO:
Diane Desroches, Talent & Volunteer Services Coordinator
Telephone: 705-549-3181 ext. 2219
d-desroches@waypointcentre.ca