

## Volunteer Application Form

First Name:		Last Name:	
Address:		Apt#	City: Postal Code:
Home Phone:		Business/ Cell Phone:	Email Address:
Other languages spoken fluently: <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please indicate language):			
Volunteer Opportunities (please select all that interest you): <input type="checkbox"/> Office Support <input type="checkbox"/> Tutor <input type="checkbox"/> Life skills Volunteer (Live In Treatment Services) <input type="checkbox"/> Fundraising & Events <input type="checkbox"/> Peer Mentor <input type="checkbox"/> Research <input type="checkbox"/> Childcare Support <input type="checkbox"/> Youth Advisory Committee <input type="checkbox"/> Information Booth Ambassador <input type="checkbox"/> Parent Advisory Committee <input type="checkbox"/> Supervised Parenting Time Niagara (SPTN) * if you are interested in SPTN please complete the SPTN application form			
Why are you interested in volunteering with Pathstone Mental Health?  			
What skills do you feel you can contribute as a Volunteer? (academic, experience, etc.)  			
Outline your previous volunteer experience:  			
Some volunteer positions require building relationships with clients, which can be a slow process. Are you able to commit to volunteering for: <input type="checkbox"/> 6-12 months <input type="checkbox"/> 12+ months			
What is your availability? <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Flexible			
Do you have access to a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have at least \$2 million liability insurance for your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What do you enjoy in your leisure time? (Hiking, recreational activities, biking, art, musical instruments, gardening etc)  			
<b>References: Provide 2 references</b> which are current, professional, and have known you for			

**2 years or more.**

Name:	Address: (include Postal Code)	Phone # E-mail:	Relationship
Name:	Address: (include Postal Code)	Phone # E-mail:	Relationship

I hereby provide permission to Pathstone Mental Health to contact the references provided.  
I understand that I must complete an Interview and Police Records Clearance to complete the application.

**Signature:**

**Date:**

***PLEASE NOTE: Only those applicants who are selected for an interview will be contacted.***

Please send this completed application form, and a current resume to [volunteer@pathstone.ca](mailto:volunteer@pathstone.ca)