

Mental Health Centre Penetanguishene
Le Centre de santé mentale de Penetanguishene

500 Church Street, Penetanguishene ON L9M 1G3
500, rue Church, Penetanguishene (On) L9M 1G3

Volunteer Application Form

Name: _____ Date: _____

Address: _____

City: _____ Province: _____

Postal code: _____ Home Phone: _____

Work Place: _____ Work Phone: _____

Can we call you at work? Yes No

E-Mail: _____

What position are you interested in applying for?

- Art & Music Appreciation
- Relationship Building
- Spiritual Visitor
- Income Tax Preparation
- Fundraiser
- Pet Therapy
- Program Activities
- Employment and Education Support
- Other _____

Why do you want to volunteer at MHCP?

What gifts, talents 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? _____

Have you ever held a volunteer position with another organization? Yes No

If yes, may we contact them? Yes No

Position _____ Organization _____

- I certify that the information that is provided on this Volunteer Information Form is true and complete.
- I understand that this information will remain confidential and is the property of MHCP.

Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO THE VOLUNTEER COORDINATOR

Judy Payne
Coordinator of Volunteer Services
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Penetanguishene, Ontario
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