

Or e-mail us at [rap@cmha-toronto.net](mailto:rap@cmha-toronto.net)

CANADIAN MENTAL HEALTH ASSOCIATION/EAST METRO CONNECTIONS  
Rehabilitation Action Program  
**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (W) \_\_\_\_\_

e-mail \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

\*\*Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

\*\*Education/Training: \_\_\_\_\_  
\_\_\_\_\_

Languages spoken and written: \_\_\_\_\_

Occupation: \_\_\_\_\_

\*\*Interests and Hobbies: \_\_\_\_\_  
\_\_\_\_\_

\*\*Practical skills that you could teach to others: (cooking, resume writing, computer)  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Reasons for Volunteering with this Program: \_\_\_\_\_  
\_\_\_\_\_

Are you able to give 3 hours per week? When? \_\_\_\_\_

Can you make a 12 month commitment? \_\_\_\_\_

Are you agreeable to a police check? Yes \_\_\_\_\_ No \_\_\_\_\_

Other relevant information: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES** (Please list two people that we may contact, preferably volunteer or work reference)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_