



Centre  
for Addiction and  
Mental Health  
Centre de  
toxicomanie et  
de santé mentale

**Centre for Addiction and Mental Health**  
**Volunteer Resources Application**  
**416-535-8501**

**Please check which Site:**

<b>Queen Street</b>	_____	<b>ext. 2995</b>
<b>Clarke</b>	_____	<b>ext. 6238</b>
<b>ARF</b>	_____	<b>ext. 6010</b>
<b>Donwood</b>	_____	<b>ext. 7049</b>

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email : \_\_\_\_\_

3. Telephone Number: Home \_\_\_\_\_ Business: \_\_\_\_\_

4. For statistical purpose only, please indicate which age bracket you are in:

19 – 30            30 – 50            50 & over

5. Please describe any previous volunteer experience.

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6. Why are you interested in volunteering at the Centre for Addiction and Mental Health?

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7. What are your special interests, skills or hobbies?

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8. What is your present occupation? If you are a student, indicate what year of study you are in and where?

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9. Occasionally we require individuals who speak other languages to work with clients. If you speak another language, we would appreciate knowing what it is.

Language(s) spoken: \_\_\_\_\_

10. Your time of availability (including a second and third choice as well).

Day: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm

11. Which of our program particularly interests you?

Clinical

Special Events

\*Research

Other

\*If your exclusive area of interest is research, a current resume must accompany this application form.

12. Volunteers are required to make a one year (renewable) commitment to the Centre for Addiction and Mental Health. Will you be able to meet this commitment?

Yes

No

**PLEASE LIST TWO PROFESSIONAL REFERENCES WHO CAN BE CONTACTED:**

1. **Name:** \_\_\_\_\_

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

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Nature of Relationship:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

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

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone Number Home:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Nature of Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Official Use Only:**

**Date of Interview:** \_\_\_\_\_

**Position(s) Assigned:** \_\_\_\_\_

**Supervising Staff:** \_\_\_\_\_

**Date of Placement/Orientation:** \_\_\_\_\_

**Date of Termination:** \_\_\_\_\_

**Comments:** \_\_\_\_\_