



Association canadienne
pour la santé mentale
Peel
La santé mentale pour tous

Canadian Mental Health Association/Peel Branch Volunteer Application

CONTACT	First Name: _____		Last Name: _____	
	Street Address: _____			
	City: _____		Postal Code: _____	
	Email: _____			
	Home Phone: _____		Work Phone: _____	Cell Phone: _____
	May we call you at work? Yes No			
	Emergency Contact Name: _____		Phone 1: _____	
	Relationship (e.g. Husband)		Phone 2: _____	

INFORMATION	Please indicate your age:	12-18	19-25	25-35	35-45	45-55	60+		
	Are you hoping to complete your mandatory 40 hours of service for high school?						YES	NO	
	Why do you want to volunteer at the CMHA/Peel Branch?								
	Where did you hear about CMHA/Peel Volunteer opportunities?								
Place of Worship		Family or Friend		Other		Internet		Newspaper	Volunteer MBC

Language(s) Spoken English French

Other Please List