



APPLICATION FOR VOLUNTEER POSITION

Name _____

Address _____

Date of Birth _____ (All applicants must be at least 18 years of age)

Home Phone # _____ Cell # _____ E-mail Address: _____

Emergency Contact: _____ Phone # _____

Please answer the following questions:

1. Are you a current member of Mood Menders Support Services? Yes ___ No ___

2. How did you learn about MMSS? _____

3. Why are you interested in volunteering for MMSS?

4. Have you completed any education/training in Mental Health/Peer Support?

5. Do you have any special skills or training that would be of benefit to MMSS?

Computer skills _____ Public speaking _____ Fundraising _____ Board Member _____

Other: _____

6.. When would you be able to volunteer for MMSS?

Weekdays _____ Weekday evenings _____ Weekends _____ Occasional _____

2nd Tuesday each month St. Joseph's Healthcare, 50 Charlton Ave. E. 6:30 - 9:30pm _____

3rd Tuesday of each month Boy's & Girls Club, 705 Main St. E. 1:30 - 4:30pm _____

4th Tuesday of each month First Pilgrim, 200 Main St. E. 1:30 -4:30pm _____

LIVED EXPERIENCE

At Mood Menders we value the lived experiences of our volunteers, as it plays an important role in providing peer support to our participants.

Please describe your lived experience below as it pertains to mental health. If you are an individual or supporter with specific lived experience and are interested in supporting those with similar challenges, please let us know.

REFERENCES

Please list three references with phone numbers that we may contact.

1. Name _____ Telephone # _____
Relationship _____ Email address: _____

2. Name _____ Telephone# _____
Relationship _____ Email address: _____

3.
Name _____ Telephone# _____
Relationship _____ Email
address: _____

RESUME Kindly attach your resume and ensure that you list all your relevant and current work/volunteer experience.

I hereby submit this completed application to Mood Menders Support Services to apply for a volunteer position. If accepted, I will abide by MMSS code of ethics and will serve the organization to the best of my ability.

I understand that MMSS will only contact applicants that are selected for an interview.

I authorize that my name be added to the Registry of Volunteers and I can expect to be contacted by MMSS to perform volunteer duties as assigned.

I will not hold responsible, and will hold harmless MMSS, its officers, directors, and affiliates from any harm that may come to me while performing volunteer duties for MMSS.

Signature: _____ Date: _____

Print: _____