



**Volunteer Speakers' Bureau Program**  
**Peer Talk Application Form**

***Please note: to submit this form, all fields marked with an asterisk \* require a reply.***

**Applicant Information**

Full Name \*

Preferred Pronoun (select one) \*

She/Her

He/His

They/Their

Other

*If 'Other', please describe:*

E-mail Address \*

Phone Number \*

Address \*

*(continues next page)*

City, Town, Village \*

Province \*

Postal Code \*

Your Date of Birth \*

Languages spoken (*check all that apply*) \*

English

French

Cantonese

Mandarin

Hindi

Urdu

Spanish

Italian

Portuguese

Arabic

German

Korean

Tagalog

Vietnamese

Other

*If 'Other', please describe:*

*(continues next page)*

If you have taken part in Hope + Me - MDAO's programs as a client and/or participant, have at least six (6) months elapsed since you last received services from us? \*

Yes, at least 6 months have passed since I have received services from Hope + Me

No, I have received services from Hope + Me in the past 6 months

Not applicable; I have never received services from Hope + Me

*If you answered 'No' to this question, please consider re-applying to Peer Talk when six (6) months have passed after receiving services at Hope + Me - MDAO.*

Are you currently a volunteer at Hope + Me - MDAO? \*

Yes

No

Please tell us why you are interested in being a member of *Peer Talk*. \*

## **Lived Experience**

*One of the hallmarks of Peer Talk is the ability to inspire hope and raise awareness through speakers sharing their own experiences living with or supporting others with mental illness.*

Briefly describe your lived experience as it pertains to mental health. \*

What kinds of topics are you interested in giving talks on, and why? \*

*(continues next page)*

Please describe your experience in delivering presentations or speeches. If you have none, please let us know. \*

## Your Availability

Peer Talk meetings are **virtual** and take place twice a month on Thursday evenings starting at 7:00 PM and ending at 8:30 PM. There may be other events and Community of Practice meetings at other times. Please indicate your availability.

Do Thursday evenings work for your regular availability? \*

Yes

No

Check all the days and times that work for other meetings.

### ***Mondays***

Morning

Afternoon

Evening

### ***Tuesdays***

Morning

Afternoon

Evening

### ***Wednesdays***

Morning

Afternoon

Evening

### ***Thursdays***

Morning

Afternoon

Evening

(continues next page)

**Fridays**

- Morning
- Afternoon

Meetings are held twice per month. Can you attend twenty-four (24) meetings over a period of twelve (12) months? \*

- Yes
- No

**Your References**

Please list three (3) references, including two (2) professional and/or academic references, and one (1) personal reference along with their contact information below. If you have a question concerning references, please send your inquiry to [madelines@hopeandme.ca](mailto:madelines@hopeandme.ca).

**Reference #1** (Professional: employer, work, academic or volunteer supervisor, volunteer coordinator, teacher/professor/trainer)

Name \*

Relationship to Applicant \*

E-mail Address \*

Phone Number \*

Alternate Phone Number

*(continues next page)*

**Reference #2** (Professional: employer, work, academic or volunteer supervisor, volunteer coordinator, teacher/professor/trainer)

Name \*

Relationship to Applicant \*

E-mail Address \*

Phone Number \*

Alternate Phone Number

**Reference #3** (Personal: friend, family, colleague)

Name \*

Relationship to Applicant \*

E-mail Address \*

Phone Number \*

Alternate Phone Number

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A criminal background check is required to volunteer with Hope + Me - MDAO. Are you willing to complete a criminal background check? \*

Yes

No

*When you complete this form, please save the file and, along with your most recent résumé, attach to an e-mail message and send to the Program Coordinator at [madelines@hopeandme.ca](mailto:madelines@hopeandme.ca).*



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Mood Disorders Association of Ontario