



**CANADIAN MENTAL
HEALTH ASSOCIATION**
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

VANCOUVER-BURNABY BRANCH
2425 Quebec Street
Vancouver BC V5T 4L6
Agency Volunteer Services
T: 604 872-4902 local 223
F 604 872-5934
www.cmhavb.bc.ca

3rd Annual Community Bike Ride Volunteer Application Form

Please go to www.govolunteer.ca for a list of our current opportunities

Date: _____

*Thank you for your interest in volunteering with CMHA/VB! Please return your completed application to **Leanne MacLeod, Agency Volunteer Services** at the address/fax above.*

PERSONAL INFORMATION

Name: _____

First

Last

Address: _____ PC: _____

Phone 1 : (_____) _____ - _____ Phone 2 : (_____) _____ - _____

E-mail: _____

POSITION APPLYING FOR:

Route Marshal

Sign-In/Registration Table

On-Site Assistance

I would like more information on CMHA volunteer opportunities

I would like to receive CMHA monthly newsletters

I would like to donate to CMHA

VOLUNTEER /WORK HISTORY

Organization /Employer _____

Position _____

Tasks _____

From _____ To _____

Organization /Employer _____

Position _____

Tasks _____

From _____ To _____

Organization /Employer _____

Position _____

Tasks _____

From _____ To _____

Organization /Employer _____

Position _____

Tasks _____

From _____ To _____

REFERENCES

Personal, work or volunteer references. Please provide the names, addresses and telephone numbers of two (2) people who are not relatives or close friends.

1. Name: _____

Address: _____

Phone Number: (_____) _____ - _____ e-mail: _____

Relationship: _____

Number of months/years this person has known you: _____

2. Name: _____

Address: _____

Phone Number: (_____) _____ - _____ e-mail: _____

Relationship: _____

VOLUNTEER AGREEMENT

I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including confidentiality of agency, participant, volunteers and persons associated to the organization information.
3. To meet time and duty commitment or to provide adequate notice so that alternate arrangement can be made.
4. To act at all times as a team member responsible for accomplishing the mission of the agency.
5. To act in a professional manner while volunteering for CMHA, Vancouver-Burnaby Branch.

Signed: _____

Date: _____