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| W:\Graphics\CMHA_ON-LambtonKent_ENG_logo_4C_pos_tagline_R1.jpgC:\Users\acook\Pictures\RDH 2015\RDH2014-logo-NTNL-MH4ALL-NOtag.jpg Volunteer Application Form Please complete all areas of the application form in full. The CMHA, Lambton Kent Branch, collects this information to determine suitability and maintains the confidentiality of all personal information. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Personal Information

|  |  |
| --- | --- |
| First and Last Name |  |
| Home Address |  |
| City, Province, Postal Code |  |
| Phone Number |  |
| E-Mail Address  (if applicable) |  |
| Preferred Language | English  French  Other |

## Availability

### Ride Don’t Hide 2017 will be hosted at the Mooretown Sports Complex in Mooretown on **Sunday June, 25th from 7am to 3pm.**

### Please check which day you are available to help:

Saturday, June 24th (Pre-Event Set Up)

Sunday, June 25th (Event Day!)

## Interests

### Please check the area(s) you are interested in volunteering:

Event Ambassador (Community Promotions Pre Event/Welcoming Guests Event Day/Cheer and congratulate participants as they complete the ride)

Event Committee Volunteer (Participate in the Planning of the Event/Volunteer Coordination)

Event Day Volunteer

* Route Marshal/Food and Water Rest Stops
* Food & Beverage (Assistance with pick-up and delivery of food and beverage Pre-Event, set up and assistance with breakfast and bbq lunch event day)
* Set Up and Tear Down of tables, chairs, banners, signs, supplies (Pre-Event /Event Day)
* Registration (Register participants, hand out promo items to participants, assist with door prizes)

## Previous Volunteer Experience

## Please tell us about your current or previous volunteer experiences.

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|  |

## Special Skills or Qualifications

### Please tell us about your special skills and qualifications that you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| First and Last Name |  |
| Relationship |  |
| Home Phone |  |
| Cell Phone |  |
| Work Phone |  |

## Agreement and Signature

### By submitting this application, I affirm that the information in it is true and complete. I understand if I am accepted as a volunteer, I will respect the confidentiality and privacy of information about clients, employees and donors in compliance with the relevant privacy legislation. Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

### **Thank you for completing this application form and for your interest in volunteering with CMHA Lambton Kent.**

Angela Kirkland

Fund and Communications Development Coordinator

Canadian Mental Health Association Lambton Kent

210 Lochiel Street, Sarnia, ON. N7T-4C7

519-337-5411 ext 3230 or akirkland@cmhalambtonkent.ca