



**Canadian Mental
Health Association**
Lambton Kent

Client and Family Advisor Application

Thank you for your interest in this volunteer opportunity to improve the client and family experience as a Client and Family Advisor at the Canadian Mental Health Association- Lambton Kent Branch. Please complete and submit your application. Selection will be completed on a rolling basis and applicants will be contacted for an interview.

First Name:

Last Name:

Address:

City:

Postal Code:

Telephone Number:

Email:

What is the best way to contact you and what time of day?

Have you, your family or someone you provide care for, received services from CMHA Lambton Kent within the past 3 years? Yes No

If yes, in which program did you receive care?

Please tell us why you are interest in becoming a Client and Family Advisor for CMHA Lambton Kent.

Please describe any opportunities for improvement that you have observed or things that CMHA Lambton Kent could do differently to improve the client and family experience

Are you available to meet approximately 4 times a year for a few hours with additional time requirements as needed?

Yes No

What is your availability?

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CMHA Lambton Kent has a limited number of volunteer Client and Family Advisor positions available. If current positions are full, would you like to be considered for other opportunities to help improve the client/family member experience?

Yes No

Please review and check before submitting:

- I understand that submitting this application and/ or being interviewed does not guarantee a position as a Client and Family Advisor
- I understand that prior to beginning work as a Client and Family Advisor I must sign confidentiality and complete an orientation.
- I understand that as a Client and Family Advisor, I will be accountable to the Director of Service

Thank you for your interest in becoming a Client and Family Advisor. All information contained on this form is considered confidential and is intended for the purpose of selection and placement related to Client and Family Advisor opportunities only.

*** Please submit completed application to Vicky Fox *
Canadian Mental Health Association, Lambton Kent Branch
210 Lochiel St, Sarnia, ON
N7T4C7**