**Please fill out this form with as much detail as possible as we use this information for our database, website, and for the advertising.**

**If you need help in filling out the form, then please don’t hesitate to contact us!**

|  |
| --- |
| **AGENCY INFORMATION** |
| **Agency Name** |  |
| **Contact Person And Title** |  |
| **Contact Main Phone** |  |
| **Alternate phone** |  |
| **Fax** |  |
| **Email** |  |
| **Website:**  |  |
| **REQUEST DETAILS** |
| **Date(s) of Event(s)?****(Special Events – One Off Events)** |  |
| **Event Name****(Special Events – One Off Events)** |  |
| **Volunteer Position(s) Title(s)** |  |
| **Position(s) Description** |  |
| **Volunteer Requirements (Specific skills, & qualifications)** |  |
| **Volunteering location (Address and neighbourhood, i.e. Rayleigh, Westsyde)** |  |
| **REQUIREMENTS FOR THIS REQUEST**  |
| **Number of Volunteers Needed?** |  |
| **Minimum Age to Volunteers? (Without Parent or Guardian)** | **13+ 14+ 15+ 16+ 17+ 18+ 19+ Seniors Family Volunteering** |
| **Gender** | ** Either  Female  Male** |
| **Vehicle required?** | **Yes No If yes, class:** |
| **Criminal record check required?** | **Yes No** |
| **Volunteer Type** | ** Work with individuals**** Work with groups****Both  Other:** |
| **Age of client group** | ** Children  Teen  Adult** ** Senior  All ages** |
| **Client group may have** | ** Physical disabilities** ** Mental disabilities**** Emotional disabilities-**  |
| **Does the location have wheelchair access?** | **Yes No** |
| **Is the work location accessible by public transportation?** | **Yes No** |
| **Will orientation and or training be provided? (If yes, please give details/dates and times)** | **Training Required prior to role. Dates TBD: Approx. 30 hours virtual group and self-paced online through CMHA** |
| **Reimbursement of expenses provided?** | **Yes No** |
| **Benefits provided? (meals, refreshments, free tickets or event participation, gifts - hat/T-shirt, etc)** |  |
| **Available to volunteers with** | ** Physical disabilities** ** Mental disabilities**** Emotional disabilities** |
| **Days/Hours** |
| **Please give details of when the volunteer(s) is/are required? (Please indicate days and times required)** | ** Ongoing**** Weekdays  Morning** ** Afternoon  Evening**** Weekends** ** Other:** |
| **What minimum length of commitment is expected?** | ** short term  3 months** ** 6 months** ** 1 year** ** Other:**  |

**Volunteer Opportunities Categories**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category selections should reflect only the volunteer position(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| c Admin/Finance | c Cultural (art, music, theatre) | c Law Enforcement | c Social Activities |
| c Animals | c Driving | c Maint/Handyman | c Special Events |
| c Arts/Crafts | c Education/Tutoring | c Mental Health | c Special Needs |
| c Beautician | c Entertainment | c Multicultural | c Sport/Recreation |
| c Board/Committee | c Environmental | c Office Clerical | c Work with Youth |
| c Children | c Fundraising Events | c Outdoors |  |
| c Computers | c Gardening | c Retail/Cashier |  |
| c Corrections/Court Work | c Health/Hospital | c Safety |  |
| c Counsel/Guidance | c Kitchen/Food Services | c Service to Seniors |  |
|  |  |  |  |
|  |  |  |  |

 |