



MOOD DISORDERS ASSOCIATION OF MANITOBA INC.

PROVINCIAL OFFICE: 100-4 FORT STREET WINNIPEG MANITOBA R3C 1C4
PHONE: (204) 786-0987 TOLL FREE (OUTSIDE OF WNNIPEG) 1 (800) 263-1460
WEB: depression.mb.ca E-MAIL: mdam@depression.mb.ca

Volunteers Make It Happen!

Volunteer Application Form

Last Name: _____ First Name: _____

Please circle: Mr / Mrs / Ms / Miss / Dr / other: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Emergency Phone: _____ Contact Person: _____

Place a check beside the volunteer positions that interest you the most.

- Peer Support Provider _____
- Typist and Data Entry Person _____
- Support Group Facilitator _____
- General Office Worker _____
- Committee Member _____
- Newsletter _____
- Public Awareness Presenter _____
- Special Events Assistant _____
- Public Awareness Displays _____
- Other _____

How did you find out about our association and our volunteer program?

Why are you interested in volunteering with MDAM? (Check all relevant answers)

- Gain work experience _____
- Explore career goals _____
- Practice existing skills _____
- Socialize/meet new people _____
- Self or loved one is affected by a mood disorder _____
- Learn more about Depression and Bipolar (Manic) Depression _____
- Help others _____
- Stay active _____
- Acquire new skills _____
- Other (please specify): _____

What types of skills/qualifications do you have? (Check all relevant answers)

- Verbal communication skills _____
- Group facilitation experience _____
- Personal knowledge of a mood disorder _____
- Public speaking _____ Organizing events _____ Typing _____
- Computer skills (specify): _____
- Languages other than English: _____
- Other (please specify): _____

What is your educational background?

- High School or GED _____ Community College _____
- Diploma obtained: _____
- University _____ Degree obtained: _____
- Other (please specify): _____

Please describe some of your recent work experience, including paid and unpaid positions.

Why do you think Depression and Bipolar (Manic) Depression occur?

What types of encounters have you had with Unipolar Depression or Bipolar, or those who are experiencing a mood disorder?

Volunteers Shine!

When are you available?

Mornings ____ Afternoons ____ Evenings ____ Occasional evening or weekends ? ____

Approximately how many hours per week are you interested in volunteering? _____

Preferred Day(s) _____

How long do you feel you could commit to being a MDAM volunteer?

Over 6 months ____ Less than 6 months ____ Not able to say at this time ____

Date available to start: _____

Do you have a valid Manitoba Driver's Licence? Yes / No

Do you have a vehicle that would be available for outings/deliveries? Yes / No

Do you have any physical limitations that would affect your volunteering for certain activities?

Yes / No If so, please provide a brief explanation:

I certify that all the information I have listed is true and correct to my present knowledge.

I understand that not all positions will be available for each applicant. Further, I understand that Mood Disorders Association of Manitoba (MDAM) reserves the right to determine the suitability of each applicant for desired positions. I agree to abide by all bylaws and rules of the association as explained to me during the interview process and also in the Volunteer Handbook.

MDAM respects personal privacy. We collect only the information needed for the task at hand. MDAM does not lend or sell personal information of any kind. All information is the property of MDAM and will remain confidential. We are collecting this personal information in accordance with PIPEDA and other applicable privacy laws.

Applicant Signature: _____ Date: _____

REFERENCES

Please provide us with references (at least one other than your immediate family or friends).

Name: _____ Relationship: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Do you consent to the contacting of the above references by the Coordinator of Volunteers?

Please circle: Yes / No

If you have a resume, please attach it to this application. Thank you for your time and consideration.

