

Mood Disorders Association of Ontario Volunteer Speakers' Bureau Program - "Peer Talk" Application Form

* Required

Applicant Information

1. Full Name *

2. Pronoun *

Mark only one oval.

- She/Her
- He/His
- They/Their
- Other: _____

3. E-mail address *

4. Phone Number *

5. Street & Apt. Number *

6. City & Province *

7. Postal Code *

8. Date of Birth *

Example: December 15, 2012

9. Languages Spoken *

Check all that apply.

- English
- French
- Cantonese
- Mandarin
- Punjabi
- Spanish
- Italian
- Arabic
- German
- Tagalog
- Vietnamese
- Urdu
- Other: _____

Applicant Background, Experience & Motivations

10. If you have participated in MDAO groups, one-to-one services, or other MDAO programming as a client/participant, have at least 6 months passed prior to completion of this application? *

If you answer "No" to this question, please consider reapplying to volunteer with Peer Talk 6 months after receiving services as a client/participant of MDAO.

Mark only one oval.

- Yes (at least 6 months have passed since I have received services from MDAO)
- No (I have received services from MDAO in the past 6 months)
- Not applicable (I have never received services from MDAO)
- Other: _____

11. Are you a current MDAO volunteer? *

Mark only one oval.

- Yes
- No

12. Please tell us why you are interested in being a member of Peer Talk *

Lived Experience

13. One of the hallmarks of Peer Talk will be the ability to inspire hope and raise awareness through speakers sharing their own experiences living with or supporting others with mental illness. In the space below, briefly describe your lived experience as it pertains to mental health. *

14. What kind of topics are you interested in giving talks on, and why? *

15. Do you have previous experience delivering presentations or speeches? If so, please describe them in detail below *

Availability

17. Please pick all the days and times that work for you *

Check all that apply.

- Monday Morning
- Monday Afternoon
- Monday Evening
- Tuesday Morning
- Tuesday Afternoon
- Tuesday Evening
- Wednesday Morning
- Wednesday Afternoon
- Wednesday Evening
- Thursday Morning
- Thursday Afternoon
- Thursday Evening
- Friday Morning
- Friday Afternoon
- Friday Evening
- Saturday
- Sunday

18. Can you commit to attending a meeting at least twice per month for a period of 6 months? *

Mark only one oval.

- Yes
- No

References

Please list 3 references, including at least one professional/academic reference, and their contact information below

19. Reference #1 Name *

20. Relationship to Applicant *

21. E-mail Address *

22. Phone Number *

23. **Alternative Phone Number**

24. **Reference #2 Name ***

25. **Relationship to Applicant ***

26. **E-mail Address ***

27. **Phone Number ***

28. **Alternative Phone Number**

29. **Reference #3 Name ***

30. **Relationship to Applicant ***

31. **E-mail Address ***

32. **Phone Number ***

33. **Alternative Phone Number**

34. **A police records check is required to volunteer with Mood Disorders Association of Ontario.
Are you willing to have a police records check completed? ***

Mark only one oval.

Yes

No
