



**Mood
Disorders
Association
of
Ontario**

Mood Disorders Association of Ontario Volunteer Application

Thank you for your interest in volunteering with Mood Disorders Association of Ontario (MDAO). Please complete the following sets of questions to begin the application process. Please send your completed application form to volunteer@mooddisorders.ca with the subject line "MDAO Volunteer Application" along with a cover letter and resume (optional). Thank you in advance for your understanding that MDAO will only contact applicants selected for an interview.

Applicant Information

Today's Date:

Full Name:

Preferred Pronoun(s):

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

Birthday (optional)

Phone Number (mobile):

Phone Number (home):

Phone Number (other):

Email Address:

Address: (Street) (Apt #)
 (City) (Province)
 (Postal Code)

Language(s) Spoken:

- English
- French
- Cantonese
- Mandarin

- Punjabi
- Spanish
- Italian
- Arabic
- German
- Tagalog
- Vietnamese
- Urdu
- Other:

Highest Level of Education:

Emergency Contact and Health Information

Name:

Relationship to Applicant:

Phone Number (mobile):

Phone Number (home):

Phone Number (other):

Do you have any health-related concerns that we should be made aware?

How did you hear about MDAO? Please check all that apply.

- Online Search
- MDAO Website
- Family/Friend
- MDAO Event
- Mental Health Fair/Wellness Event
- Participant of MDAO groups, one-to-one services, or other MDAO programming
- Other:

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

- Yes (at least 6 months has passed since I received services from MDAO)
- No (I have received MDAO services within the last 6 months)
- Not applicable (I have never received services from MDAO)
- Other (please explain):

If you answered “No” to the above question, please consider reapplying to volunteer with MDAO 6 months after receiving services as a client/participant of MDAO.

Applicant Background, Experience, and Motivations

Please tell us why you are interested in volunteering with MDAO. (200 word max)

Why is mental health important or significant to you? (200 word max)

Please describe your goals for volunteering (i.e. giving back due to personal experience, school volunteer hours, career specific experience, meeting new people, etc.):

At Mood Disorders Association of Ontario, we value the lived experience of our volunteers, as it plays an important role in providing peer support to our clients and participants. Please check all boxes that apply, as it pertains to your own lived experience or the experience of supporting someone else:

- I have personal lived experience of mental health challenges

- I have personal experience navigating the mental health system
- I have experience supporting a friend/family member with their mental health
- Prefer not to disclose
- Other:

MDAO provides recovery groups and programs for individuals coping with various challenges, regardless of diagnosis, such as: hoarding, OCD, bipolar disorder, psychosis, anxiety, depression, substance use, concurrent mental health concerns, etc. We support individuals identifying as racialized, LGBTQ+, women, men, transitional aged youth, etc.

In the space below, briefly describe your lived experience as it pertains to mental health. If you are an **individual or supporter** with specific lived experience and you are interested in supporting those with similar challenges, please let us know. (200 word max)

Briefly summarize your most relevant work/volunteer positions in the spaces below:

Organization/Company:

Position/Role:

Date began volunteer/work in this role:

Date ended volunteer/work in this role (leave blank if still in this role):

Main responsibilities:

Organization/Company:

Position/Role:

Date began volunteer/work in this role:

Date ended volunteer/work in this role (leave blank if still in this role):

Main responsibilities:

Organization/Company:

Position/Role:

Date began volunteer/work in this role:

Date ended volunteer/work in this role (leave blank if still in this role):

Main responsibilities:

Have you ever provided peer support? Please explain. (200 word max)

Applicant Interests and Skills

Please select all volunteer roles that are of interest to you:

- Telephone Information Peer Support (warm line phone support)
- Group Facilitation
- One-to-One Peer Support
- General administrative work
- Standard Operating Procedures (SOP) Development
- Special Events
- Community Engagement Committee – Planning and executing community events
- Youth Advisory Committee (16-29 years)
- Other (please specify):

Please select all skills that you could **confidently** use in any volunteer role at MDAO:

Office

- Administration
- Reception
- Phone
- Email
- Photocopying
- Writing
- Editing
- Communication
- Other:

Technical

- Web Design
- Graphic Design
- IT Support

Internet Research

Other:

Events

Event Planning and Organization

Raffle Ticket Sales

Customer Service

Cashier Duties

Fundraising

Public Relations

Silent Auctions

Set Up

Other:

Software

Microsoft Outlook

Microsoft Word

Microsoft PowerPoint

Microsoft Excel

Other:

Communication

Social Media

Blog Writing

Newsletters

Webinars

Public Speaking

Other:

Availability

Please check all necessary boxes to indicate your current availability for volunteering. You may leave the schedule blank if you are only interested in volunteering for special events.

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9:30 am - 1:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (1:00 pm - 5:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (after 5:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

References

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

Name	Relationship	Email Address	Phone Number	Alternative Phone Number

Police Check

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

Yes

No

Thank you for completing the MDAO Volunteer Application. By signing below, you are granting MDAO permission to contact the above references.

Signature/Type Your Name

Today's Date

Please forward the completed Volunteer Application in one of the following ways:

Email: volunteer@mooddisorders.ca

Fax: 416-486-8127

Mail: Volunteer Coordinator

36 Eglinton Ave. West, Suite 602

Toronto, ON

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