

Volunteer Application Form



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. Thank you in advance for your understanding that MDAO will only contact applicants selected for an interview.

* Required Field

Applicant Information

Today's Date: *

Full Name: *

Pronoun: *

- She/Her
- He/His

They/Their

Other:

Birthday: *

Phone Number: *

E-mail Address: *

Address

Street & Apt Number: *

City & Province: *

Postal Code: *

Languages Spoken: *

Please enter all of the languages that you speak fluently.

Highest Level of Education Completed or Currently Enrolled In: *

Emergency Contact & Health Information

Name: *

Relationship to Applicant: *

Phone Number: *

E-mail Address: *

Do you have any health related concerns that we should be made aware of?: *

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? : *

- 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)

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.

Other:

Applicant Background, Experience, and Motivations**How did you hear about MDAO (please check all that apply): ***

- CharityVillage
- MDAO Website
- Family/Friend
- MDAO Event/Mental Health Fair/Wellness Event
- Participant of MDAO Groups, one-to-one services, or other MDAO Programming

Other:**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.): *

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.

At MDAO, we value the lived experience of our volunteers, as it plays an important role in providing peer support to our clients and participants.

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)

Lived Experience: *

Please check all boxes that apply, as it pertains to your own lived experience or the experience of supporting someone else: *

- 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

Have you ever provided peer support? Please explain. (200 words max): *

Applicant Interests and Skills

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

- Peer Support Roles (e.g. Telephone Information Peer Support [warm line phone support], Group Facilitation, One-to-One Peer Support)
- Community Engagement & Outreach Roles (e.g. Community Engagement Committee, General Event assistance, Peer Talk)
- Administrative Roles (e.g. General office support, data entry, etc.)

Are there any specific roles that you are interested in?:

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

- Writing & Editing
- Web Design/IT Support
- Graphic Design
- Fundraising
- Public Speaking
- Project Management
- Video Production
- Visual Arts
- Performing Arts

Availability

Please check all necessary boxes to indicate your current availability for volunteering. Make sure to check the appropriate box below if you are only interested in volunteering for special events.

Please note that morning shifts run from 9:30 a.m. - 1:00 p.m., afternoon shifts run from 1:00 p.m. - 5:00 p.m., and evening shifts start after 5:00 p.m.

Availability: *

- 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

Please note: There are not as many volunteer opportunities on the weekend.

Other:

References

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

Reference #1 Name: *

Relationship to Applicant: *

E-mail Address: *

Phone Number: *

Alternative Phone Number:

Reference #2 Name: *

Relationship to Applicant: *

E-mail Address: *

Phone Number: *

Alternative Phone Number:

Reference #3 Name: *

Relationship to Applicant: *

E-mail Address: *

Phone Number: *

Alternative Phone Number:

Resume: *

Kindly attach your resume and ensure that you list out all of your relevant and current work/volunteer experience.

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 should you reach the interview stage of the application process.

Please note: If you are currently working as a mental health professional, we might not be able to process your volunteer application in order to avoid a potential conflict of interest.

Signature/Type Your Name: *

Today's Date: *