



**Canadian Mental  
Health Association**  
Vancouver-Fraser  
*Mental health for all*

**VANCOUVER-FRASER BRANCH**  
110-2425 Quebec Street  
Vancouver BC V5T 4L6  
**Agency Volunteer Services**  
T: 604 872-4902 ext. 253  
F 604 872-5934  
volunteervf@cmha.bc.ca  
vancouver-fraser.cmha.bc.ca

## Treasure Chest Thrift Store Volunteer Application Form

Date Applied: \_\_\_\_\_

*Thank you for your interest in volunteering with CMHA VANCOUVER-FRASER BRANCH. Please return your completed application to **Kirk Sorensen, Volunteer Coordinator** at the email/address/fax above.*

### PERSONAL INFORMATION

Name: \_\_\_\_\_

First

Last

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

I am 16 years old or more:  Yes  No

I authorize the CMHA Vancouver-Fraser Branch to utilize photos taken while volunteering for future publication:  Yes  No

CMHA Vancouver-Fraser has my permission to contact me to receive the enewsletter:  
 Yes  No

I give CMHA Vancouver-Fraser Branch permission to contact me through email and mail:  
 Yes  No

I have included my resume or CV with my application:  Yes  No

### SKILL SET

Retail/Customer Service		Reception	
Cash Handling		Antique Appraisal	
Lifting (up to 20 lbs)		Sorting/organizing	
Public Speaking		First Aid	
Languages (please specify):		Other (please specify):	

## AVAILABILITY

Please check off your availability:

- Tuesday to Saturday volunteer shifts are 3 hours long: 10:00am-1:00pm or 1:00pm-4:00pm
- Sunday shift is 4 hours long from 12:00pm-4:00pm

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00am-1:00pm	CLOSED						
1:00pm-4:00pm	CLOSED						

## BACKGROUND CHECKS

I \_\_\_\_\_ hereby allow the Canadian Mental  
(please print name)

Health Association Vancouver-Fraser Branch to perform a check of my background including:

- a) Criminal record
- b) Personal reference

I understand that I do not have to agree to this background check but that refusal to do so will exclude me from consideration for most types of volunteer work at CMHA, Vancouver-Fraser Branch with the exception of one-time Special Events.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.

Signature \_\_\_\_\_

**Personal, work or volunteer reference.** Please provide the name, address and telephone number of two people who are not relatives nor close friends who can tell us about your previous work or volunteer experience.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Number of months/years this person has known you: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Number of months/years this person has known you: \_\_\_\_\_

## VOLUNTEER CONFIDENTIALITY STATEMENT

The maintenance of confidentiality is a key requirement of staff and volunteers working for the Canadian Mental Health Association, Vancouver-Fraser Branch (the Association). The purpose of confidentiality is to safeguard information about our participants (service users), volunteers, staff, and other individuals associated with CMHA. This can refer to any information spoken, printed or written.

- **Confidential information about service users, other volunteers you work with, staff, or other individuals associated with CMHA cannot be released without their express consent, except when the individual's (or others') health or safety is at immediate and severe risk.**
- **In non-emergency situations, consent should be written: you must contact a staff member prior to the release of any information. In the case of an emergency, you must contact a staff member immediately after the incident.**

The following is an extract from the Association's full Confidentiality Policy. A copy of the policy is available from any staff member should you wish to review it. As part of your orientation, a staff member will make sure you understand and agree to our policies.

### **Definitions:**

- Confidential Information - Any personally identifying information about any of our service users, volunteers, staff, or other individuals associated with CMHA. Such information begins with a person's name and includes any personal information (e.g. address, age, email, medical information, employment history, volunteer record, employment record, donation record, etc.). The only exception is information available from a public source (e.g. a telephone book).
- An Information Record - A record is any information recorded or stored by any means, whether in hard copy or in electronic format. A record could be a book, a document, map, letter, voucher, paper, photograph, electronic database, etc. This includes any or all written documentation such as files, records, assessments, reports, etc.

It should be stressed that the maintenance of confidentiality requires tact, common sense and an appreciation of privacy. Staff and volunteers have an obligation and responsibility to safeguard other individuals' rights to confidentiality with regard to private information.

## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_ the undersigned, acknowledge having read  
(please PRINT name clearly)  
and understood the above confidentiality statement of the Canadian Mental Health Association, Vancouver-Fraser Branch. I agree to abide by the procedures contained within the statement and I acknowledge that in the event of my breaching this confidentiality policy, I may not be permitted to continue as a volunteer with CMHA, and third parties may have claim for damages against me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **VOLUNTEER AGREEMENT**

I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including confidentiality of agency, participants, volunteers and persons associated to the organization information.
3. To meet time and duty commitment or to provide adequate notice so that alternate arrangement can be made.
4. To act at all times as a team member responsible for accomplishing the mission of the agency.
5. To act in a professional manner while volunteering for CMHA, Vancouver-Fraser Branch.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_