

Volunteer Services - Application form

514 761-6131 extension 2769 / benevolat.comtl@ssss.gouv.qc.ca

TO SUBMIT YOUR APPLICATION, PLEASE DOWNLOAD THIS FORM ON YOUR COMPUTER.

To send us the form by email:

1. Save the form as follows:
benevole_GivenName.FamilyName.docx
Example: benevole_Louise.Tremblay.docx
2. Fill in all the interactive fields
3. Send your form by email to:
benevolat.comtl@ssss.gouv.qc.ca

To send us the form by mail:

1. Print the form and fill in all the fields
2. Send your form by mail to:
Douglas Mental Health University Institute
Volunteer Services
Porteous Pavilion, Local K3318.1
6875, boul. LaSalle, Montréal (Québec) H4H 1R3

Important Notes

1. Please send a single request by email or mail to one of the addresses listed above;
2. All applicants will be subject to a criminal record check and all references will be duly verified;
3. Any candidate selected after the analysis of his/her file will have to undergo an interview before a decision is made;
4. All accepted applicants will be required to attend an orientation / training session.

INFORMATION

Family name	Given name	
Maiden name	Date of birth (YYYY / MM / DD)	
Address		
City	Province	Postal code
Telephone ()	Cell phone ()	
Email		
Languages	<input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> Other, specify:
Are you a student?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify:

REFERENCES (PLEASE INDICATE TWO REFERENCES OTHER THAN A MEMBER OF YOUR FAMILY)

1	Family name and Given name	2	Family name and Given name
Telephone or Cell phone ()		Telephone or Cell phone ()	
Email		Email	
Relationship		Relationship	

PERSON TO CONTACT IN CASE OF EMERGENCY

Family name	Given name
Telephone (day) ()	Telephone (evening) or cell ()
Relationship	

TELL US ABOUT YOURSELF!

Work experience

Experience as a volunteer No Yes If yes, specify:

What types of function do you want to accomplish?

- Accompaniment Friendly visits Clerical work Fundraising Recreational Tutoring
 Caretaking Driver Support Animation Reception Sales counter

Specific skills / interests, specify (sport, cultural activity, relaxation techniques, etc.): Other, specify:

Can restrictions or backgrounds affect your work? If yes, please specify:

INSTALLATION IN WHICH YOU WOULD LIKE TO WORK

Information about our facilities and our customers is available on our website.

IMPORTANT:
PLEASE CHECK
ONLY ONE CHOICE

Community-based Centres

- St. Mary's Hospital Center
 Lakeshore General Hospital
 Hôpital de LaSalle

Readaptation Centres for troubled youth

- Batshaw Youth and Family Centres

Rehabilitation / Physical / Intellectual Disability

- West Island Montreal Rehabilitation Center

Long Term Care Centres

- Sainte-Anne Hospital
 Grace Dart Extended Care Centre
 Centre d'hébergement Denis-Benjamin-Viger
 Centre d'hébergement de Dorval
 Centre d'hébergement de LaSalle
 Centre d'hébergement de Lachine
 Centre d'hébergement Nazaire-Piché

Mental Health

- Douglas Mental Health University Institute
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AVAILABILITY (INDICATE THE TIME SLOTS DURING WHICH YOU WOULD LIKE TO WORK)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours would you want to work per week?

When is the best time to reach you? Morning Afternoon Evening Specify:

Comments:

Thank you for your interest! We will contact you shortly.