



**Community Mental Wellness Association of Canada**

**加拿大社區情緒健康協會**

#3105 – 8888 Odlin Cres. - Pacific Plaza

Richmond BC, Canada V6X 3Z8

Tel: (604) 273-1791

Office: (604)332-0156

E-mail: [info@cmwac.ca](mailto:info@cmwac.ca)

[www.cmwac.ca](http://www.cmwac.ca)

The Community Mental Wellness Association of Canada  
**Volunteer Registration Form**

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

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

Sex: \_\_\_\_\_

Age Group:    15- 20       21 – 40       41 – 60       60+

Address: \_\_\_\_\_ Tel #:(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Education: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Skills/Interests: \_\_\_\_\_

**I wish to provide the following services:**

- |   |  |
|---|--|
| <input type="checkbox"/> Visiting                       | <input type="checkbox"/> Peer Support                |
| <input type="checkbox"/> News Distribution, Advertising | <input type="checkbox"/> Music, Arts and Craft group |
| <input type="checkbox"/> Computers/Typing               | <input type="checkbox"/> Office Assistance           |
| <input type="checkbox"/> Reception                      | <input type="checkbox"/> Office Administration       |
| <input type="checkbox"/> Other                          |  |

**I am willing to volunteer: \_\_\_\_\_ hrs weekly**

**From morning \_\_\_\_\_ - \_\_\_\_\_**

**afternoon \_\_\_\_\_ - \_\_\_\_\_**

Referral: \_\_\_\_\_ Tel. #:(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Important Notes:**

- 1. Each new volunteer must commit to at least the reference month of volunteer time.**
- 2. Each new volunteer will be invited to become a member (membership fee \$20 per year or \$100 life member)**
- 3. All recruited volunteers are encouraged to participate in all mental health promotion programs and activities.**

Membership No: \_\_\_\_\_

Approved by: \_\_\_\_\_

**I would like to receive information on events and programs from CMWAC**



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### 義工申請表

日期: \_\_\_\_\_

姓名(中文): \_\_\_\_\_ (英文姓名): \_\_\_\_\_ 性別: \_\_\_\_\_

年齡組別:     15- 20     21 – 40     41 – 60     60+

地址: \_\_\_\_\_ 電話 #:(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

電子郵件: \_\_\_\_\_

學歷: \_\_\_\_\_

工作經驗: \_\_\_\_\_

義工經驗: \_\_\_\_\_

技能/興趣: \_\_\_\_\_

我希望協助推動的服務:

- |                                     |                                     |                             |
|-------------------------------------|-------------------------------------|-----------------------------|
| <input type="checkbox"/> 探訪         | <input type="checkbox"/> 專業輔導       | <input type="checkbox"/> 其他 |
| <input type="checkbox"/> 新聞發布和通告    | <input type="checkbox"/> 音樂,手工等興趣小組 |                             |
| <input type="checkbox"/> 電腦運用/設計/打字 | <input type="checkbox"/> 行政助理       |                             |
| <input type="checkbox"/> 電話接線       | <input type="checkbox"/> 辦公室雜務整理    |                             |

我可參與義務活動的時間: 每週 \_\_\_\_\_ 小時

由 上午 \_\_\_\_\_ 時 – 至 \_\_\_\_\_ 時

下午 \_\_\_\_\_ 時 – 至 \_\_\_\_\_ 時

推薦人: \_\_\_\_\_ 電話 #:(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

重要註項: 1.每位新義工必須承諾至少參個月的義工時間.

2.將邀請每位新志願者成為會員 (會員費為每年 20 加元或終身會員 100 加元)

3. 鼓勵所有新招募的志願者參加所有促進精神健康有關的事項和活動。

會員號碼: \_\_\_\_\_

簽發者: \_\_\_\_\_

我願意得到關於 CMWAC 活動的通知與信息。