



**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: 236-317-3305  
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 Vicki Salter; **Volunteer Program Coordinator** at the email/address/fax above.*

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
First Last

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

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

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

I am 16 years of age or older:  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 forward an e-newsletter:  Yes  No

CMHA Vancouver-Fraser Branch may contact me through email and mail:  Yes  No

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

### SKILL SET

Please check on the right column any skills indicated that you could contribute.

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):	

## THRIFT STORE AVAILABILITY

Please **indicate** your shift availability: (minimum 1 to 2 shifts)

- Monday to Friday shifts are 3.5 hours: **10:00am - 1:30pm** or **1:30pm - 5:00pm**
- Saturday / Sunday shifts are 3 hours: **10:00pm - 1:00pm** or **1:00pm - 4:00pm**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## BACKGROUND CHECK – STANDARD CMHA POLICY

I, \_\_\_\_\_ hereby allow the Canadian Mental Health Association Vancouver-Fraser Branch to perform a background check including:  
 (Please PRINT first and last name)

Association Vancouver-Fraser Branch to perform a background check 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 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 \_\_\_\_\_

## REFERENCES

Please provide the contact information below of two people who can tell us about your previous work or volunteer experience. (do not include relatives, close friends, partners, boyfriends or girlfriends)

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

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

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

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

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

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

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

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

## 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/duty commitment or to provide adequate notice so that 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:** \_\_\_\_\_