

Creating partnerships to build healthy communities

Company Application Form

COMPANY INFORM	MATION				
Company name:					
Sector/Industry:		Number of employees:			
Company website:					
COMPANY CONTA	СТ				
Name:		Title:			
Department:	Phone:	E-mail:			
Have you participated in	CAMH volunteer programming in	the past?	Yes	No	
Do you have a relationsh	ip with the CAMH Foundation?	Yes	No		
EXPERIENTIAL LEAR We offer group events fo	NING OPPORTUNITY PREFER r 10 to 15 people.	RENCES			
What size group will you	be bringing?				
Which experiential learni you interested in?	ng opportunity from the CAMH C	orporate V	olunteer ca	atalogue are	
FIRST PREFERENCE:					
SECOND PREFERENCE	:				
Preferred experiential le	earning opportunities schedule				
Please note that it takes 4	1–6 weeks to organize an event.				
Preferred month:					
Preferred year:					

Describe how your involvement in this initiative will help:				
1) Your staff participants				
2) Your organization				
3) CAMH				
Terms & Conditions				
1) Events involve a hosting cost. A proposed budget will be developed and agreed upon at the time of the event				

2) Only employees (19 years of age and older) of the visiting organization are able to participate in the Corporate Experiential Learning Opportunity day. Family and friends are ineligible to participate.

3) Scheduled events that are cancelled within 60 days of the event date will be subject to a cancellation fee.