



CANADIAN COUNSELLING AND
PSYCHOTHERAPY ASSOCIATION
L'ASSOCIATION CANADIENNE DE
COUNSELING ET DE PSYCHOTHERAPIE

CACEP COUNCIL VOLUNTEER APPLICATION FORM
MUST BE RECEIVED BY 11:59 PM EASTERN TIME, FEBRUARY 28, 2018
Submit this completed application and your current résumé via email to
william.borgen@ubc.ca

Applicant Information

First Name:

Last Name:

Mailing Address:

City:

Province/Territory:

Postal Code:

Preferred Phone Number:

Preferred E-mail:

Current Position/Title:

Name of your current employer:

Number of years in your current position:

Number of years in the counselling/psychotherapy profession:

Number of years as a counsellor educator:

Number of years of accreditation or related program evaluation experience:

CCPA Membership #:

Number of years working in a master's level counselling program. *Please state your cumulative service as a full-time, part-time or sessional employee.*

Highest level of academic achievement in the counselling and psychotherapy area:

Counselling/Psychotherapy-related certifications or registrations:

Relevant accreditation or related program evaluation experience:

Memberships in counselling/psychotherapy-related associations:

YES **NO** **CCPA may contact above-named associations for confirmation of status.**

If no, please indicate whom you would prefer that CCPA contact for status confirmation.

Please state the names of your three references and preferred method of contact. *Note: CCPA will not contact your references without your prior knowledge.*

Language (speak, write, and understand):

- English
 French
 Other: _____

Universities and other training institutions with which I have/had an affiliation or association:

I hereby attest that all information provided in this application is true. I have disclosed all counselling-related associations in which I am a member. I have not received any professional disciplinary actions and I adhere to professional conduct and counselling practices that are consistent with the *Canadian Counselling and Psychotherapy Code of Ethics and Standards of Practice for Counsellors*.

I declare that if selected for a volunteer position with CCPA, my participation will not be or appear to be in conflict of interest with any other activities or groups in which I may be involved.

 (signature)

 (location)

 (date)