

## Volunteer Application

### Personal Information

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

 Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

 Do you have a current drivers' license?  Yes  No DL# \_\_\_\_\_ State \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

 Have you been convicted of a felony or class C misdemeanor?  Yes  No

*\*An affirmative answer does not necessarily preclude you from favorable consideration*

 Relationship to person living with mental illness:  Self  Spouse  Parent  Child  Significant Other

 Mental Health-care Provider  Concerned Citizen  Prefer Not to Say  Other: \_\_\_\_\_

### Availability and Hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

*\*Our office is closed on weekends, but special events take place during certain weekends*

What date would you be able to start? \_\_\_\_\_ End date? \_\_\_\_\_

Will anything impact your specified availability? \_\_\_\_\_

 Are you volunteering to satisfy the requirements of any of the following?  Yes  No If yes, please circle one:

<i>Community Service</i> <small>Specify: General or Court</small>	<i>College Internship</i>	<i>Student Volunteering</i>	<i>Just Because</i>	<i>Other</i>
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Name of institution and/or class: \_\_\_\_\_

Teacher/Contact name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_ Deadline for completion of hours: \_\_\_\_\_

What special requirements or restrictions are there for your hours? \_\_\_\_\_

### Education and Employment

 HS Diploma/GED?  Yes  No College graduate?  Yes  No Degree/Major: \_\_\_\_\_

Other education: \_\_\_\_\_

 Are you currently employed?  Yes  No Employer: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Position: \_\_\_\_\_ How long employed there? \_\_\_\_\_

## References

Please list 2 references, other than family members, who are familiar with you and can speak about your character, work-ethic and skillset.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Volunteer Interest Areas

Please indicate which area(s) interest you:

<input type="checkbox"/> Outreach	<input type="checkbox"/> Education	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Support	<input type="checkbox"/> Administration
<input type="checkbox"/> Events/Activity Coordination	<input type="checkbox"/> Marketing/Social Media/PR	<input type="checkbox"/> Fundraising/Development	<input type="checkbox"/> Editing/Writing	<input type="checkbox"/> Teaching Classes/Community Fairs
<input type="checkbox"/> Thrift Shop	<input type="checkbox"/> Referral and Information Helpline	<input type="checkbox"/> Other, please explain: _____		

## Skills and Interests

Why are you interested in volunteering with NAMI GC and what specific knowledge or experience do you hope to gain from your time here?

What special skills, talents and/or connections do you have to offer NAMI GC?

Can you fluently speak, read or write a language other than English?  Yes  No If yes, please specify:

If applying for an internship or student volunteer hours, briefly state your long-term education and career goals. (Please attach syllabus).

## Accuracy and Authorization

*I certify that the information in this application is correct to the best of my knowledge and belief. I authorize agents of NAMI Gulf Coast to check the reference I provided and check with the appropriate public authorities regarding my background and history. I understand that should I be offered a volunteer position, any misrepresentation by me may lead to termination. I also understand that either NAMI Gulf Coast or I can terminate my volunteer service with NAMI Gulf Coast. I understand that completing the application process does not guarantee acceptance as a volunteer.*

Signature

Date