

Volunteer Application



Date Submitted: _____

Title: _____ First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone (Check Primary) Home: _____ Work: _____ Cell: _____

Email: _____ Birthday: _____

Emergency Contact

Name	Relationship to You	Phone Number

Academic, Professional, and Volunteer Experience

School: _____ Degree: _____ Year: _____

Current Employer: _____ Position: _____

Previous Volunteer Experience

Organization	Description of Service	Dates

Which volunteer opportunities interest you? (Not all opportunities may be immediately available.)

- | | |
|---|--|
| <input type="checkbox"/> Receptionist (shifts are typically M-F 9:30-1 or 1-4:30) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> General Office Assistance | <input type="checkbox"/> Committee Member |
| <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Support Group Facilitator |
| <input type="checkbox"/> Educational Outreach | <input type="checkbox"/> Workshop/Class Instructor |
| <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Internship |

I would prefer a regular schedule (same day and time each week) or to be on-call.

I wish to contribute _____ hours per week per month.

When are you available to volunteer? (M=Morning, A=Afternoon, E=Evening)

- | | | | | | |
|----------------------------------|--|------------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> E | <input type="checkbox"/> Wednesday | <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> E | <input type="checkbox"/> Friday | <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> E |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> E | <input type="checkbox"/> Thursday | <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> E | <input type="checkbox"/> Weekends | <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> E |

When are you able to begin volunteering? _____

How did you learn about volunteering at NAMI-MN?

Why do you want to volunteer for NAMI-MN? What is your connection to mental illness?

What skills would you bring to the volunteer position?

What reservations or concerns do you have about volunteering at NAMI-MN?

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Please list three professional, academic, or personal references, not relatives, whom we may contact about your application to volunteer.

Name	Relationship to You	Phone Number

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I certify that all information in this application and in any other forms I complete during the application process is true and correct to the best of my knowledge. I understand that if I have provided false information or misrepresented myself, this is sufficient cause for not being accepted as a volunteer or for being dismissed.

Signature: _____ Date: _____

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Please Return This Application To:
Laura Winterstein, Volunteer Resources Director
NAMI-MN
800 Transfer Road, Suite 7A
St. Paul, MN 55114
Phone: 651-645-2948 x110 or 888-NAMI-HELPS (626-4357)
Fax: 651-645-7379
Email: lwinterstein@nami.org