

Volunteer Application

General Information	General Information					
First Name		Last Name				
Mailing Address						
City	State		Zip Code			
Phone Number	Email					
Preferred Method of Contact						
□Email	□Call		□Text			
Date of Birth			Gender			
Emergency Contact						
First Name		Last Name				
Relationship		Phone Number				
How did you hear about NAMI?						
Relationship to person with mental health condition:						
☐ Self		☐ Professional				
☐ Personal		☐ Concerned citizen				

Employment, education, & speci-	al skills					
Employer		Occupation				
Highest level of education compl	eted	Degree/majo	r			
Additional training, certifications, or memberships:						
Additional training, certifications, or membersings.						
Special skills or interests:						
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Why do you want to volunteer with NAMI?						
Please check what type of volunteering you are completing:						
☐ Ongoing/As needed	☐ Student vo		☐ Community service			
			•			
Please check what volunteer opportunities you are interested in:						
☐ Office aid		☐ Public spea	☐ Public speaking			
☐ Social media/website		•	☐ Member recruitment			
☐ Committee member		☐ Facilitate groups				
☐ Event help/sent-up/clean-up			☐ Board member			
☐ Outreach for fairs, events, etc.		☐ Other:				
Please check what events, programs, or support you are interested in:						
☐ Jenelle Hohman Color Me	☐ Peer-to-Pe	-er	☐ Basics			
Happy Walk & 5K			☐ Family Support Group			
☐ Suicide Prevention Vigil	☐ Family-to-Family☐ KidShop!		☐ Connection Recovery			
☐ In Our Own Voice	☐ YouthMOVE		•			
	□ YouthiviO	VE	Support Group			
Please sign and date:						
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Signature		Date				