NAMI
National Alliance on Mental Illness
Hancock County

Volunteer Application

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, & special skills	
Employer	Occupation
Highest level of education completed	Degree/major
Additional training, certifications, or memberships:	
Special skills or interests:	

Why do you want to volunteer with NAMI?		
Please check what type of volunteering you are completing:		
☐ Ongoing/As needed	☐ Student volunteer	☐ Community service
Please check what volunteer opportunities you are interested in:		
☐ Office aid ☐ Social media/website ☐ Committee member ☐ Event help/sent-up/clean-up ☐ Outreach for fairs, events, etc.		☐ Public speaking ☐ Member recruitment ☐ Facilitate groups ☐ Board member ☐ Other:
Please check what events, programs, or support you are interested in:		
☐ Jenelle Hohman Color Me Happy Walk & 5K ☐ Suicide Prevention Vigil ☐ In Our Own Voice	☐ Peer-to-Peer ☐ Family-to-Family ☐ KidShop! ☐ YouthMOVE	☐ Basics ☐ Family Support Group ☐ Connection Recovery Support Group

Please sign and date:

Signature

Date