



Volunteer Application Form

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address if different from above: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email: _____

Emergency Contact Name _____ Phone _____

Education:

High School _____ Graduate: Yes ___ No ___

College _____ Graduate: Yes ___ No ___

College Major _____

Postgraduate Degree _____

Current Employer (if applicable):

Employer/ Position _____ Dates _____

Description of Previous Volunteer Experience: _____

How did you hear about NAMI Cape Cod & The Islands? _____

(Turn page

Are you a NAMI Member? Yes No

Volunteer Preferences:

Are you interested in being scheduled on a regular basis for volunteer activities? Yes No

Are you interested in being contacted regarding specific short-term volunteer needs? Yes No

Availability (please check all days/times that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning						
Afternoon						
Evening						

Areas of Interest (please check all that apply):

- Board/Committee member NAMI Walk (May) Teaching/Speaker Series
 Fundraising Organizing Events Telling my story
 Golf Fundraiser (Sept.) Political Advocacy Website support
 Other _____

Please list contact information for two references:

1)
Name _____ Phone _____
Email _____

2)
Name _____ Phone _____
Email _____

Optional:

Relationship to Mental Illness?

- Child Parent Spouse Self Sibling Friend Professional
 Other _____

Signature of Volunteer Applicant

Date