

Volunteer Application

Application Date: _____ Volunteer Position Sought: _____

Name: _____

Address: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____

Education

Highest level of Education _____

Are you currently enrolled in school? Yes No

Employment

Current or Most Recent Employer, if applicable:

Position/Title: _____

Dates of Employment: _____

Company/Employer: _____

Address: _____

Experience

Special Training, Skills, Hobbies: _____

Groups, Clubs, Organizational Memberships: _____

Please describe your prior volunteer experience (include organization names and dates of service)

What experiences have you had that may prepare you to work as a volunteer in the field of mental health advocacy or education?

What do you hope to gain from volunteering ?

What days and times are you available to volunteer?

Have you ever been convicted of a crime? If yes, please explain the nature of the crime and the date of the conviction and disposition. (Conviction of a crime is not an automatic disqualification for volunteer work.)

References

Please list three people who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Phone	Length of Relationship
-------------------	---------------------	-------	------------------------

- 1.
- 2.
- 3.

Please read the following carefully before signing this application.

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Mental Health Association of Minnesota (MHAM) that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by MHAM. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with MHAM or my termination as a volunteer.

Signature

Date

Thank You!