

Application for Volunteer Service

AREAS OF VOLUNTEER INTEREST									
Date Available		<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Teaching/Facilitating Signature Programs						
		<input type="checkbox"/> Legislative Advocacy	<input type="checkbox"/> Event Logistics	<input type="checkbox"/> NAMIWalks Event					
APPLICANT INFORMATION									
Last Name		First		M.I.		Date			
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Date of Birth			Maiden Name (if applicable)						
Emergency Contact Name			Emergency Contact Mobile/Home Phone						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were you ever been convicted of a felony? Answering yes does not automatically disqualify your application.		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION									
High School		Address							
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College		Address							
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other		Address							
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES									
<i>Please list <u>three (3)</u> personal or professional references; Only <u>one</u> of which may be directly associated with NAMI GMV.</i>									
Full Name			Relationship						
Company			Phone						
Full Name			Relationship						
Company			Phone						
Full Name			Relationship						
Company			Phone						

PREVIOUS EXPERIENCES (EITHER PAID OR UNPAID)			
Company		Phone	
Address		Supervisor	
Position Held		Responsibilities	
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Position Held		Responsibilities	
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Position Held		Responsibilities	
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If accepted as a volunteer, I understand that false or misleading information in my application or interview may result in my release.	
With submission of this application, I understand NAMI Greater Mississippi Valley will conduct a criminal background check, and reference check, as a condition of being a volunteer. Any offer may be rescinded based on reporting results.	
Signature	Date