

MHA Volunteer Application

GENERAL INFORMATION:

Name: _____ Today's Date: _____
 Date of Birth: _____ Sex: F M Email: _____
 Phone: _____ Do you have your own transportation? Yes No
 Current Address: _____
 Is current address same as permanent address? Yes No
 If you checked "no" please list your permanent address: _____

WORK AND VOLUNTEER EXPERIENCES:

Dates

EDUCATION:

Are you presently in school? Yes No Where? _____
 Major/Minor: _____ Credit Hours Completed: _____
 Does volunteering fulfill a course requirement? Yes No If you answered "Yes" are you planning on continuing to volunteer after the requirement is fulfilled? Yes No
 Briefly describe the volunteer requirement: _____

Please list your current and/or previous educational experiences, listing your most recent experience first:

Where	Area of Study	Dates
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PROGRAM INTERESTS:

Compeer Match	Day Shelter	"I'm Thumbody Special!"
Seaman Mental Health Library	Other _____	

TIME AVAILABILITY:

Please circle the times that you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

CRIMINAL HISTORY:

Have you ever been arrested? Yes No If "Yes" how many times and explain: _____

Have you ever been convicted of a crime? Yes No If "Yes" please explain: _____

Do you give us permission to check this information? Yes No

PERSONAL INFORMATION:

Why are you interested in volunteering for the MHA? _____

What experiences, hobbies, or specialized skills do you have which might be helpful for work as a volunteer at the MHA? _____

With what service or community groups are you affiliated? _____

How did you learn about the MHA? _____

REFERENCES:

Please list three local references who we may contact.

- 1). Name: _____ Phone: _____
 Address: _____
 Occupation: _____ Place of Employment: _____
 Relationship: _____ How long has this person known you? _____
- 2). Name: _____ Phone: _____
 Address: _____
 Occupation: _____ Place of Employment: _____
 Relationship: _____ How long has this person known you? _____
- 3). Name: _____ Phone: _____
 Address: _____
 Occupation: _____ Place of Employment: _____
 Relationship: _____ How long has this person known you? _____

EMERGENCY CONTACT:

Emergency contact person: _____

Address: _____

Home Phone: _____ Work Phone: _____ Relationship: _____

VOLUNTEER CERTIFICATION:

I hereby certify that the information on this application is accurate and complete to the best of my knowledge.

Signature

Date