



**nami**

National Alliance on Mental Illness

**Southern  
Arizona**

NAMI of Southern Arizona

6122 E. 22<sup>nd</sup> St.

Tucson, Arizona 85711

(520) 622-5582

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[www.namisa.org](http://www.namisa.org)

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**HEART TO HEART VOLUNTEER APPLICATION**

Your answers to the following questions (some are personal) will help our Heart to Heart staff to "match" you with an appropriate individual who will benefit from your friendship. **All of your answers are kept confidential.**

**Please Print**

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # Home: \_\_\_\_\_ Work/Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Are you Bilingual (English/Spanish)?** \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

Emergency contact phone number: \_\_\_\_\_ Person @ that phone #/ relationship: \_\_\_\_\_

Social security number: \_\_\_\_\_ male\_\_\_\_ female\_\_\_\_

Valid Driver's License number: \_\_\_\_\_ Automobile Insurance: yes\_\_\_\_ no\_\_\_\_

**NOTE: We will need to make a copy of your liability coverage and of your valid driver's license at the training session.**

Have you ever been **convicted** of a felony or misdemeanor other than traffic violations? \_\_\_\_\_(yes) \_\_\_\_\_(no)

If yes, fully explain circumstances and provide dates. \_\_\_\_\_

Employment: Unemployed\_\_\_\_ Employed\_\_\_\_ Full time\_\_\_\_ Part time\_\_\_\_ Hours per week\_\_\_\_\_

Other \_\_\_\_\_

Employed by: \_\_\_\_\_ Supervisor \_\_\_\_\_

Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Single: \_\_\_\_\_ Significant relationship: \_\_\_\_\_

Relevant training, education, skills, experience (past/present): \_\_\_\_\_

\_\_\_\_\_

Education: What level completed? \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Are you presently a student and if so, when do you graduate? \_\_\_\_\_ No \_\_\_\_\_

Previous or present volunteer experience: \_\_\_\_\_

\_\_\_\_\_

What jobs (paid or unpaid) have you enjoyed most/least? \_\_\_\_\_

\_\_\_\_\_

What kinds of volunteer jobs are you most interested in? \_\_\_\_\_

\_\_\_\_\_

Preferable friend: \_\_\_\_\_

(age) (ethnicity) (traits)

What do you look for in a friend? \_\_\_\_\_

What do you avoid? \_\_\_\_\_

Describe the perfect reward of a good friendship \_\_\_\_\_

List community services, social/fraternal organizations in which you are presently active or have been active in the past

\_\_\_\_\_

\_\_\_\_\_

**Hobbies and special interests (circle all that apply):**

movies, books, hiking, games/puzzles, writing, travelling, Bicycling, swimming, gardening, cooking, music, arts & crafts, museums, picnics, shopping, libraries, TV, sports, going for drives, caring for a pet.

OTHER: \_\_\_\_\_

\_\_\_\_\_

In your medical history is there any condition that would limit our placement of you as a volunteer? \_\_\_(yes) \_\_\_(no)

If YES, please describe this condition and explain the limitations we should be aware of \_\_\_\_\_

\_\_\_\_\_

Have you ever received mental health counseling? \_\_\_\_\_

How did you hear about the HEART TO HEART program? \_\_\_\_\_

**Please respond to the following statements:**

"I am a good friend because" \_\_\_\_\_

\_\_\_\_\_

"I might have concerns working with people with mental illness because" \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## HEART TO HEART PROGRAM REFERENCES

Please list three (3) references including name, address with zip code and phone number. **References CANNOT be from family members.**

1. NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please mail or drop off to Carol Swanson @ the above address. Thank you.

H2H Volunteer References  
Updated 8/29/07



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## Heart to Heart, a program of NAMI of Southern Arizona

### Volunteer Contract/Statement of Confidentiality

We welcome you as a Heart to Heart Volunteer. As a volunteer, information about consumers will be shared with you as part of consumer care planning and implementation. This shared information is confidential and must not be discussed with anyone other than Heart to Heart staff or professionals who may be participating in the case.

This confidentiality extends to information received during visits. It is never appropriate to allow your friend relationship to become a topic of social conversation, reports or articles.

I accept the above statement of confidentiality and will adhere to the ethical guidelines of the Heart to Heart Program.

Furthermore, I agree to work as a volunteer with Heart to Heart for the next twelve months. I will attend training sessions and continuing education volunteer meetings as scheduled throughout the year.

Anytime I am not able to carry out a responsibility for the Heart to Heart Program, I will give prior notice.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_