



nami

National Alliance on Mental Illness

**Southern
Arizona**

NAMI of Southern Arizona

6122 E. 22nd St.

Tucson, Arizona 85711

(520) 622-5582

Fax (520- 623-2908

www.namisa.org

cswanson@namisa.org

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: _____