



nami

Southern
Arizona

6122 E. 22nd Street
Tucson, AZ 85711
520.622.5582
Fax 520.623.2908
www.namisa.org
cswanson@namisa.org

Volunteer Application

PERSONAL INFORMATION

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Date of Birth (Year is optional) _____

E-Mail address: _____ Are you a NAMI Member? Yes No

The best time to contact you: Days Evenings

Have you been, or applied to be, either an employee or a volunteer at NAMI of Southern
Arizona? Yes No
(If yes, please indicate when and where: _____)

Have you ever been **convicted** of a felony or misdemeanor, other than traffic violations?
Yes No

If yes, fully explain circumstances and provide dates: _____

How did you hear about our volunteer program? (please circle)

Walk-in NAMI Class Friend School Web Page Media Other (please explain): _____

VOLUNTEER EXPERIENCE

Please list previous volunteer experiences:

Briefly state why you would like to volunteer with NAMI of Southern Arizona:

After reviewing the list of Volunteer Opportunities, please indicate those areas in which you are most interested: _____

SPECIAL SKILLS

Please list any special skills you possess or language in which you are fluent that would be an asset to NAMI of Southern Arizona: _____

AVAILABILITY

Please check all those that apply:

- Monday Tuesday Wednesday Thursday Friday

Please indicate time of day, i.e., am or pm availability.

When are you available to start as a volunteer? _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship _____

Day phone #: _____ Evening Phone #: _____

VOLUNTEER APPLICANT'S STATEMENT

I understand that I am applying to be an unpaid volunteer for NAMI of Southern Arizona and that this application is not an application for employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.

If I am accepted into the NAMI of Southern Arizona volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of NAMI of Southern Arizona, and commit to volunteer regularly.

Signature: _____ Date: _____



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CONFIDENTIALITY ACKNOWLEDGMENT

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except:

- 1) as mandated by law
- 2) to prevent a clear and immediate danger to a person or persons
- 3) where I am compelled to do so by a court or pursuant to the rules of the court.

I shall possess a professional attitude, which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within the non-profit

I, upon leaving the organization, shall maintain client and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this non-profit.

I understand that violation of this Confidentiality Statement may be grounds for immediate dismissal.

Staff/Volunteer Signature

Date

Supervisor Signature

Date