



VOLUNTEER APPLICATION PACKET

1. Turn in your application to NAMI Southern Arizona by email, USPS mail, Fax or in person.
2. Upon received application, the Volunteer Coordinator will contact you to set up a meeting at the NAMI Southern Arizona office.
3. After the meeting and upon receiving feedback from your references, we will contact you to either confirm your volunteer status or deny your application at this time.

Please submit your Volunteer Application to:

Donna Derrick
Volunteer Coordinator
6122 E. 22nd St.
Tucson, AZ 85711

Fax: (520) 623-2908

For Volunteer Inquiries, please call the NAMI Southern Arizona office:

Office Phone: (520) 622-5582
Email: dderrick@namisa.org

All volunteer applications are reviewed with consideration of current volunteer opportunities. All information included in this application is confidential and will not be sold to outside companies or individuals.
Applications are kept on file for two years.



Volunteer Application Form

Today's Date: _____

PERSONAL INFORMATION

Name: _____ Identify as Female Male

Home Phone: _____ Cell Phone: _____ Birth Date: ___/___/___

Address: _____ City: _____ State: ___ Zip: _____

E-mail: _____

Would you like to be on our volunteer mailing list? Yes No

Employer Name: _____ Occupation: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Have you previously volunteered with NAMI? Yes No Are you a NAMI Member? Yes No

How did you hear about our volunteer program? _____

Do you have any physical/mental conditions that need to be taken into consideration? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime, felony and/or misdemeanor? Yes No
(You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated.)

If yes, please explain: _____

Type of transportation: Car Bus Sun Van Other _____

AVAILABILITY

What date are you available to begin? _____

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday*
Time frame (Please circle)							

**Our office is closed on weekends, but special events may occur during certain weekends.*

Will your volunteer time fulfill (if applicable)?

Community Service Court Ordered Community Service School Internship Other: _____

If yes, how many hours do you need to complete? ____ What date do hours need to be completed by? _____

EXPERIENCE AND SKILLS

Please mark with an 'X'

Certification	Yes	No	Exp. Date
CPR			
First Aid			
Mental Health First Aid			

Have you had any personal experience (self/family member/friend, etc.) or close interactions with person(s) having a mental disorder? Yes No

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

Skills and Interests (please mark all those that apply):

Administration/Organizational

- Board/Committee Member
- Bookkeeping
- Clerical
- Computer/Database
- Computer/Internet
- Data Entry/Word Processing
- Filing
- Fundraising
- Grant Development
- Prepare Mailings
- Receptionist
- Web Site Development

Communications/Marketing

- Desktop Publishing
- Graphic Design
- Photography
- Public Relations
- Public Speaking
- Video Production
- Writing/Editing

Language(s)/Translation

- Spanish
- Language Translation (English and Spanish)

Support/Education

- Health Education
- Help Line
- Information and Referral
- Librarian/Library Assistant
- Mental Health
- Patient/Client Support
- Substance Abuse
- Suicide Prevention
- Support Group Facilitation
- Teaching/Instruction

Special Event Support

- Event Coordination
- Event Committee Member
- Setup/Cleanup
- Planning
- Selling Items

Other Skills/Interests:

(Examples: Arts, Culture, Political, Other Languages, etc.)

VOLUNTEER OPPORTUNITIES

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

1. _____
2. _____
3. _____
4. _____

REFERENCES

Please list two references known for a minimum of 2 years. Please include the complete address; otherwise application will be sent back for completion. References cannot be family members.

1. Name: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Email: _____ Phone: _____
2. Name: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Email: _____ Phone: _____

VOLUNTEER AGREEMENT AND CONFIDENTIALITY STATEMENT

Agreement

Initial

I understand that I am applying to be an unpaid volunteer for NAMI Southern Arizona and that this application is not an application for employment. I understand that as a volunteer I will help to the best of my ability in accordance with the policies of the organization and will maintain complete confidentiality concerning all the information about daily interactions with people served through NAMI. I further understand that submission of a completed application along with an interview by NAMI Southern Arizona does not obligate me to accept, or NAMI Southern Arizona to assign, a volunteer opportunity. I also understand and agree that, to the fullest extent permitted by law, I will not hold NAMI Southern Arizona responsible for any claims, demands, damages or losses resulting from my volunteer activities with the organization, including any injury or property loss associated with use of my personal motor vehicle. I certify that the above information is accurate and I give NAMI Southern Arizona my permission to verify this information. NAMI Southern Arizona retains the right of refusal of acceptance and this application does not ensure that volunteer placement will be made.

Confidentiality Statement

Initial

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.

Signature of applicant: _____ **Date:** _____

Signature of Parent/Guardian of applicant: _____ **Date:** _____
(If applicable and/or if applicant is under 18 years of age)

Thank you for your interest in volunteering with our organization!