

VOLUNTEER APPLICATION

Mental Health America-Wabash Valley Region
914 South Street, Lafayette IN 47901
PH: 765.742.1800 FAX: 765.742.2085
www.mhawv.org



Name _____ Date _____

Current Address _____ State _____ ZIP _____

Phone _____ Is current address same as permanent address? Yes No

If "No" please list your permanent address _____

Email _____ Date of birth (optional) _____ Sex F M

WORK AND VOLUNTEER EXPERIENCES

Please list your most recent work and volunteer experiences _____ Dates _____

EDUCATION

Are you presently in school? Yes No If "Yes" where? _____

Major/Minor _____ Credit hours completed _____

Does volunteering fulfill a course requirement? Yes No If "Yes" briefly describe the course requirement. _____

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

PROGRAM INTERESTS

- Administrative Duties
- "I'm Thumbody Special"
- Support Groups
- Crisis Center
- Health Fairs
- Other: _____

CRIMINAL HISTORY

Have you ever been arrested? Yes No

Have you ever been convicted of a crime? Yes No

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 for MHA?

Please list your community interests+ or groups with whom you are affiliated. _____

REFERENCES

Please list three local references who we may contact.

1) Name _____ Phone _____

Address _____ Relationship _____

E-mail _____ How long have you known this person? _____

2) Name _____ Phone _____

Address _____ Relationship _____

E-mail _____ How long have you known this person? _____

3) Name _____ Phone _____

Address _____ Relationship _____

E-mail _____ How long have you known this person? _____

I authorize Mental Health America to contact my references that I have provided above, and to inquire about my volunteer candidacy. The above-named persons are aware that Mental Health America will contact them and MHA has my permission to discuss any relevant information.

EMERGENCY CONTACT

Emergency contact person _____ Phone _____

Address _____ Relationship _____

VOLUNTEER CERTIFICATION

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

Signature

Date