



Volunteer Application

Name _____ Date _____

Address _____

Email Address _____

Phone: Home _____

Work _____

Cell _____

Other _____

Please check box next to your preferred contact number.

Best time to call _____

Are you Bilingual? No Yes What language(s) do you speak? _____

What hours are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Have you taken a NAMI Program? No Yes

Which program? _____

Work experience/volunteer experience:

Positions/Responsibilities

Company/Organization

Education, Training and Skills: (Please list any degrees or certifications)

Describe any other specialized training: _____

What computer skills do you have: _____

What other strength/skills do you have? _____

NAMI Ventura County – National Alliance of Mental Illness
Office address: 555 Airport Way, Suite F, Camarillo, CA 93010
Mailing address: PO Box 1613, Camarillo, CA 93011-1613

Tel: 805-641-2426 Fax: 805-275-2188 Email: info@namiventura.org Website: www.namiventura.org

What are your interests?

Why do you want to volunteer with NAMI?

Are there any specific NAMI programs you are interested in volunteering for?

- | | |
|---|---|
| <input type="checkbox"/> Instructor* (circle: Family-to-Family, Familia a Familia, Provider Education, Community Cares, Peer-to-peer, Family & Friends) | <input type="checkbox"/> In Our Own Voice Presenter* |
| <input type="checkbox"/> Support Group Facilitator* (circle: Family Support Group, Grupo de Apoyo, NAMI Connection) | <input type="checkbox"/> School Program Presenter* |
| <input type="checkbox"/> Resource Line* | <input type="checkbox"/> Speakers Bureau* |
| <input type="checkbox"/> Mentor* | <input type="checkbox"/> NAMI Walks-Volunteer |
| <input type="checkbox"/> Friends of the Lobby* | <input type="checkbox"/> NAMI Walks – Team captain |
| <input type="checkbox"/> Ending the Silence Presenter* | <input type="checkbox"/> NAMI Walks, Day of Event Volunteer |
| | <input type="checkbox"/> NAMI Walks, Planning |
| | <input type="checkbox"/> Advocacy |
| | <input type="checkbox"/> Outreach |
| | <input type="checkbox"/> Office Support |
| | <input type="checkbox"/> Zoom Class Support |
| | <input type="checkbox"/> Other: _____ |

***Training provided by NAMI Ventura County**

What skills do you currently have?

- | | | |
|--|---|--|
| <input type="checkbox"/> Advocacy/Outreach | <input type="checkbox"/> Group Facilitator | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Handyman | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Legal/Law | <input type="checkbox"/> Social Media/Blogging |
| <input type="checkbox"/> Cooking/Catering | <input type="checkbox"/> Marketing | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Education/Instructor | <input type="checkbox"/> Mentoring/Tutoring | <input type="checkbox"/> Technology Support |
| <input type="checkbox"/> Events-Planning | <input type="checkbox"/> Music | <input type="checkbox"/> Transporting Supplies |
| <input type="checkbox"/> Event-Work | <input type="checkbox"/> Office-Data Entry | <input type="checkbox"/> Writing-General |
| <input type="checkbox"/> Fundraising/Grant Writing | <input type="checkbox"/> Office-Newsletter or Mailing | <input type="checkbox"/> Writing-Newsletters |
| <input type="checkbox"/> Graphic Arts/Design | <input type="checkbox"/> Office-Phone Skills | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Other: _____ |

Is there anything else you would like us to know about you?

Emergency Contact - Please list a relative or friend who we should contact in case of an emergency:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Reference or Endorsing Director/Coordinator or Recommending NAMI volunteers:

Name: _____

Phone: _____

Position: _____

Release of Photos and Name

I understand that photographs may be taken of me volunteering. These photos may be published on but not limited to: the NAMI Ventura County website, NAMI Newsletters, NAMI Ventura County social media accounts, and/or distributed to the local media.

I understand that my name may be distributed in connection with my volunteering with NAMI Ventura County with or without my photo. These might include, but not limited to: the NAMI Ventura County website, NAMI Newsletter, NAMI Ventura County social media and/or distributed to the local media.

_____ I will allow my name and image to be used by NAMI.

_____ I will only allow my image to be used by NAMI.

_____ I will only allow my name to be used by NAMI.

_____ I will not allow my name or image to be used by NAMI.

Please initial next to the accepted statement.

I hereby certify that the above information is true and give my permission for any necessary verifications. I release from Liability any person and/or NAMI Ventura County giving, receiving or utilizing any such information in making decisions regarding my application to volunteer.

Signature: _____ Date: _____