

Volunteer Application

I am interested in: Volunteer Position Internship Compeer Volunteer Role Community Service Hours

Please answer questions completely. All answers are kept confidential. Date: _____

Name: _____ Nickname: _____

Home Address: _____
Street City State Zip Code

Cell Phone #: _____ Email Address: _____

Home Phone #: _____ Work Phone #: _____

Contact me by: cell home work email

School Mailing Address (if applicable): _____
Street City State Zip Code

Date of Birth ____/____/____ Age: ____ Gender: ____ Race: ____ Religion: ____

In case of emergency, please notify: _____
Name Relationship Contact Phone #

Do you have any medical / psychological conditions or physical limitations **that would affect your ability to volunteer?**

If yes, please describe: _____

List skills, talents or other interests: _____

Educational Background: High School Diploma/GED AA BA/BS MA PhD or other (specify)

School Name and Course(s) of Study: _____

Employment Background: Are you currently employed? Yes No Full time Part Time

Supervisor & Phone Number: _____ Your Job Title: _____

Employer: _____ Dates: _____

Address: _____
Street City State Zip Code

Supervisor & Phone Number: _____ Your Job Title: _____

Employer: _____ Dates: _____

Address: _____
Street City State Zip Code

Volunteer Experience (Organization/Year(s)/type of work: _____

Name of Spouse/Significant Other: _____ Ages of Children (if any) at home: _____

What is your transportation situation? Bus Car Walking/Biking Other: _____

References (Cannot be an immediate family member. We prefer references from people who know you in a professional capacity such as a professor/teacher, employer, clergyman, etc.):

1) Name and relationship to you: _____

Mailing Address: _____

Email: _____ Contact Phone #: _____

2) Name and relationship to you: _____

Mailing Address: _____

Email: _____ Contact Phone #: _____

3) Name and relationship to you: _____

Mailing Address: _____

Email: _____ Contact Phone #: _____

Are you volunteering to meet a school course or community service requirement? Yes No

If yes, what are the requirements? Number of hours: _____ Time frame to be completed: _____

Have you ever been charged or convicted of an offense other than a traffic violation? Yes No

If yes, please explain: _____

A&T Bennett Greensboro College Guilford College GTCC UNCG other _____

Professor/Faculty Supervisor: _____ Course Name/#: _____

Hours to volunteer: Mon. – Thurs., 8:30 am – 4:30 pm; Fri. 8:30am – 2:30 pm; occasional evenings/weekends

How often do you wish to volunteer? 1x/week 2x/week 3x/week (Limited availability) 1-2x/month

What time and day(s) are you available to volunteer? Mon. _____ Tues. _____

Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

How did you hear about our volunteer program? _____

What do you expect or hope to gain from this volunteer experience? _____

Assurance of Confidentiality and Permission to Review Information Given

I understand that, as a volunteer, I will help the agency to the best of my ability and will maintain complete confidentiality concerning all clients served through the *Mental Health Association in Greensboro*. It must be understood that divulging confidential information to unauthorized persons could subject me to civil action and suspension or dismissal from the agency.

I am aware that the *Mental Health Association in Greensboro* will perform a criminal background check. Upon request, I will be responsible for providing my social security number to complete a background check. I also authorize *MHAG* to contact the references listed.

I have read and I understand and agree to all the terms described above.

Volunteer Signature: _____ Date: _____

MHAG Staff Signature: _____ Date: _____

Office Only: Date Application Received _____ Background Check Completed _____
 Reference #1 Date Received _____ Reference #2 Date Received _____ Reference #3 Date Received _____
 Interview Date Scheduled _____ Volunteer Handbook Date Signed _____ Approved by _____