

## Volunteer Application

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Phone Numbers \_\_\_\_\_

*Please include area codes*                      *home*                                      *cell*                                      *work*

Email \_\_\_\_\_

### Emergency Contact

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Phone Numbers \_\_\_\_\_

*Please include area codes*                      *home*                                      *cell*                                      *work*

Relationship \_\_\_\_\_

### Education

Highest level of Education \_\_\_\_\_

### Work/Volunteer Experience

Organization Name \_\_\_\_\_ Duration \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

Describe volunteer responsibilities \_\_\_\_\_

### Work/Volunteer Experience

Organization Name \_\_\_\_\_ Duration \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

Describe volunteer responsibilities \_\_\_\_\_

### Work/Volunteer Experience

Organization Name \_\_\_\_\_ Duration \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

Describe volunteer responsibilities \_\_\_\_\_

### Please list (2) two references

Name	Relationship	Phone Number	Time Known

Name	Relationship	Phone Number	Time Known

Describe any training or experience in the Mental Health field \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering at MHA of NKY & SWOH? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your reason(s) for volunteering?

- for academic credit
- to learn new skills
- for social interaction
- to gain employment skills
- to share my skills
- to stay active
- to support the cause
- other \_\_\_\_\_

Availability

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays
- Saturdays
- Sundays
- Mornings
- Afternoons
- Evenings

How long will you commit yourself to a volunteer position?

- one-time only
- several months
- one year
- on call
- special projects
- other \_\_\_\_\_

Internship requirements: # of semesters \_\_\_\_\_ Total Hours # \_\_\_\_\_ Hours per week \_\_\_\_\_

Beginning date: \_\_\_\_\_ Concluding date: \_\_\_\_\_

Supervision requirements: \_\_\_\_\_ hour per week by someone who possesses an \_\_\_\_\_ from an accredited program and who has accumulated, a minimum of, \_\_\_\_\_ post \_\_\_\_\_ experience.

Skills

- Administration
- Awareness Events
- Program Support
- Public Speaking/Presentations
- Conference/Luncheon/Special Events
- Computer Technology/E Communications
- Marketing/Publications/Social Media
- Fundraisers
- Support Group Facilitation
- \_\_\_\_\_

MHA program Interests:

- Peer Support (P.I.E.R.)
- Pro Bono Counseling
- Support Group Facilitation
- Board member
- Jail Visitation
- Compeer-Mentoring Program
- Video Cast Production Team
- Administrative Support
- Christmas Event
- \_\_\_\_\_

## PROFESSIONALISM

Mental Health America of Northern Kentucky and Southwest Ohio is a non-profit organization. Our mission is to promote mental health, prevent mental disorders, and achieving victory over mental illness through advocacy, education, research and service. We provide numerous services and programs designed to support individuals in recovery, provide hope and help people reclaim their lives.

As a staff or volunteer or intern or work-study representative of Mental Health America of Northern Kentucky and Southwest Ohio you shall promote the agency and program in a professional manner in and outside of work. Cooperative relationships will be maintained with all staff, organizations, businesses and the community-at-large.

You must have an awareness of or strong sensitivity to mental health and substance abuse issues, a professional demeanor and be substances free, and, depending on the program, a clear criminal background check, a good driving record, maintain auto insurance and reliable transportation (mileage paid). All people working on behalf of the agency are subject to drug screens.

## CONFIDENTIALITY STATEMENT

As staff or a volunteer at the Mental Health America NKY & SWOH, I understand that any client information reviewed or obtained by me while I am assisting MHA is confidential pursuant to State and Federal Laws. I understand that these laws prohibit me from disclosing such information without the written consent of the person to whom the information pertains. I understand that I will not disclose client names or any other information with anyone other than staff and/or board members.

An issue which surfaces from time to time involves confidentiality, particularly when a client is living with family, a roommate or significant other. Case managers and other who call from the agency should identify themselves only by name and phone number (not agency or title) unless the client has a current release.

Example: Can I speak to Oscar? He's not here. This is Beatrice, please ask him to call me at xxx-xxxx. What is this about? I'm sorry but I cannot say. Please ask him to call.

Volunteer Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
dated

Interviewer Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
dated