

Volunteer Application

Internship Application



Contact Information

Name	
Street Address	
City, ST, ZIP Code	
Contact Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments? **MHA Office Hours M-F 9a.m.- 5 p.m.**

_____ Monday	_____ Thursday
_____ Tuesday	_____ Friday
_____ Wednesday	

Interests

Tell us in which areas you are interested in volunteering:

- | | |
|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Mothers and Babies Home Visitor/Mentor |
| <input type="checkbox"/> Front Desk Receptionist | <input type="checkbox"/> Marketing for the WHO Program |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Web Development |
| <input type="checkbox"/> Digital Outreach and Engagement | |
| <input type="checkbox"/> Consumer Education | |
| <input type="checkbox"/> Public Policy | |
| <input type="checkbox"/> Sales and Marketing | |
| <input type="checkbox"/> Internship- for credit* | |

Name of School or Institution _____

Name of Department/ Major _____

Name of School Contact _____

Phone Number _____

Email Address _____

Number of required hours _____

Deadline Date for Completion _____

Prospective Graduation Date _____

Special Skills or Qualifications

Summarize special skills, talents, or qualifications you have acquired from employment or through other activities, including hobbies, sports, foreign languages, video editing, photography, research, and credentials. Summarize previous volunteer experiences as well. Also please list all computer programs, software, and applications you are familiar with using.

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Reason for Service

Summarize why you are interested in mental health and our agency. What are your goals in volunteering with this agency? What exposure or experience have you had with Mental Health? (i.e. Have you or a loved one experienced the effects of mental illness or currently dealing with or have dealt with a mental illness in the past?)

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Person to Notify in Case of Emergency

Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.