



National Alliance on Mental Illness | Sacramento's Voice on Mental Illness

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VOLUNTEER INTEREST FORM

Name _____ Date _____

Address _____

Email address _____

Phone: Home _____ Work _____ Cell _____

Best Days/Times to Call _____

Which phone do you prefer for us to call? _____ Are you 18 years or older? _____

Hobbies, special interests or skills _____

Military Veteran? Yes _____ No _____

How did you hear about NAMI Sacramento? _____

What prompted your interest in volunteering? _____

Have you ever volunteered with NAMI before? _____

Are you a member of NAMI Sacramento? _____

Note: Volunteers are required to become members of NAMI Sacramento prior to volunteering.

What kind of volunteer jobs are you interested in?

What hours are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Previous volunteer experience:

Dates	Type of Experience	Organization
_____	_____	_____
_____	_____	_____

Do you have access to transportation? Yes _____ No _____

Will you be receiving school credit for volunteering? Yes _____ No _____

If so, from which school and department? _____

What is your program's time requirement? _____

Are you part of a program that requires community service? Yes _____ No _____

If so, what program? _____

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

Signature: _____ **Date:** _____