



I. Contact Information:

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Phone(s)#: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

How did you hear about NAMI?

\_\_\_\_\_

II. Please provide a brief description of your interest in NAMI:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. Please indicate the skills and experience you are willing to contribute as a volunteer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please attach a brief bio or resume)*

IV. Please indicate any of the following areas that you may be willing to share your time or expertise:

\_\_\_ Office Volunteer

\_\_\_ Community Outreach

\_\_\_ NAMI Education Leader

\_\_\_ Support Group Leader

\_\_\_ Public Speaking

\_\_\_ Social Media

\_\_\_ Fundraising Events

\_\_\_ Advocacy

\_\_\_ Library

\_\_\_ Schedule Presentations, Speakers

\_\_\_ Other: \_\_\_\_\_

V. Please indicate ways we can support you in your role as a Volunteer:

I would like to learn about:

Scheduling preferences:

Requests for accommodations (i.e., diet, transportation, communication, etc.)

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Other:

VI. Getting to know you better:

1. Please tell us about your interests, affiliations, hobbies, special experience/skills, or anything else you would like us to know about you:

2. What is your experience or understanding of the issues faced by persons with mental illness and their family members?

3. Please check categories of Board Membership which you consider apply to you:

- Consumer                       Stakeholder                       Prefer not to disclose  
 Family Member                       Other: \_\_\_\_\_
- 

**For Official Use Only:**

Interviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Orientation completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ Volunteer Handbook given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: