



VOLUNTEER APPLICATION

Date _____

Contact: **Jill Mitchler**, Volunteer Coordinator
jill@namifoxvalley.org 920-954-1550

Please indicate the area of interest and return the completed application form for review.

- | | | |
|---|---|---|
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Media Advocate | <input type="checkbox"/> NAMI Walks Volunteer |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Legislative Advocate | <input type="checkbox"/> Board/Committee Member |
| <input type="checkbox"/> Newsletter (writing/editing) | <input type="checkbox"/> KidShop | <input type="checkbox"/> Archivist (Scrapbooking) |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Website/Technology |
| <input type="checkbox"/> Book Reviewer | <input type="checkbox"/> Other: _____ | |

"In Our Own Voice" Speaker Must complete separate application and attend training provided by NAMI Fox Valley and NAMI Wisconsin

Family-to-Family Facilitator Applicants must graduate from Family to Family Course
Must complete separate application and attend training provided by NAMI Fox Valley and NAMI Wisconsin

Peer-to-Peer Facilitator Applicants must graduate from Peer to Peer Course
Must complete separate application and attend training provided by NAMI Fox Valley and NAMI Wisconsin

Support Group Co-facilitator Applicants must be attending a NAMI Support Group regularly. Must complete separate application and attend training provided by NAMI Fox Valley and NAMI Wisconsin

SPARK (Supporting Parents and Advocates as Resources for Kids) Volunteer, Presenter or Facilitator

Please fill in completely. Please print legibly. This application will remain confidential.

Personal Profile

Name _____ Birth Date _____
(First) (MI) (Last)

Mailing Address _____

City _____ County _____ State _____ Zip _____

Phone (H): _____ (Cell): _____

Email: _____

Emergency Contact: _____ Phone: _____

Why do you want to volunteer with NAMI Fox Valley? _____

What skills would you like to share with NAMI Fox Valley? _____

Volunteer/Work Experience: _____

Background Information

NAMI Fox Valley performs background checks on all volunteers for the safety of our consumers and their family members. Completed forms will be kept in a secure location to protect your confidential information. Answering affirmatively to any questions will not necessarily bar you from volunteering with NAMI Fox Valley. However, failure to comply or providing false information may result in denial or termination of volunteer activities.

Any other names by which you have been known (including maiden name):

Do you have any criminal charges pending against you or were you ever convicted of any crime (not including traffic violations)? _____ YES _____ NO

If yes, list each crime, when it occurred or the date of conviction, and the city and state where the court is located. You may be asked to supply additional information.

Have you resided out of the state of Wisconsin in the last three years? _____ YES _____ NO

If yes, list each state and the dates that you lived there.

Times Available

	AM (9am – 12pm)	PM (12pm – 4pm)	Evenings
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____
SAT/SUN	_____	_____	_____

References

Give the name and phone of two non-family members who can provide references on your ability to perform this volunteer position.

Name _____ Relationship _____

Email Address: _____ Phone: _____

Name _____ Relationship _____

Email Address: _____ Phone: _____

This application will remain confidential

Please return this application to:

NAMI Fox Valley

Attn: Jill Mitchler

516 W. 6th Street, Appleton, WI 54911

Phone 920-954-1550

Fax 920-954-0490

www.namifoxvalley.org

E-mail: jill@namifoxvalley.org

OFFICE USE ONLY

Date Received: _____ Background Check: _____

Reference Check: _____ Date of Orientation: _____

Assigned To: _____