



## VOLUNTEER APPLICATION

Thank you for your interest in volunteering for NAMI Fox Valley! Volunteers are vital to NAMI Fox Valley's programs. We are so grateful for your willingness to share your time and talents with us!

### Applicant Contact Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (MI) (Last)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

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

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**How would you like to help? Please circle areas of interest.**

Peer Support Group Facilitator    Family Support Group Facilitator    Peer Education Instructor

Family Education Instructor    NAMITalks Speakers Bureau    NAMIWalks

Special Events    Gardening/Maintenance    Board/Committee Member

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

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

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**What volunteering experience have you had in the past (if any)?**

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**Background Information**

NAMI Fox Valley reserves the right to perform background check on all volunteers. This is just one way that we help protect the safety of those we serve. 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.

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

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

A). If yes, list each crime, when it occurred or the date of conviction, and the city and state where the court is located. Attach additional sheets if necessary.

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

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

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### References

List two non-family members who have known you for at least two years to provide a reference.

*REFERENCE ONE:*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

*REFERENCE TWO:*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### Volunteer Statement

**I hereby affirm that the information given by me on this application for volunteering is complete and accurate. I authorize investigation of all statements contained in this application.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application to:  
NAMI Fox Valley, 211 E. Franklin Street, Appleton, WI 54911  
E-mail: [kayla@namifoxvalley.org](mailto:kayla@namifoxvalley.org)