



## Volunteer Application

**Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Nickname)

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number #1:** \_\_\_\_\_

*[Please Circle: Home Work Cell]*

**Phone Number #2:** \_\_\_\_\_

*[Please Circle: Home Work Cell]*

**What is the best way to reach you?**

- Home Phone       Email  
 Cell Phone       Text Message  
 Work Phone

- Send me Text Message Alerts**  
*For cancellations, reminders, and  
routine communications.*

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

**How did you hear about NAMI Fresno?** \_\_\_\_\_

**Relationship to Person with Mental Illness:**

- Self       Significant other       Parent       Concerned citizen  
 Spouse       Mental Health Provider/Professional       Child       Other \_\_\_\_\_

**Reason for Volunteering:** \_\_\_\_\_

- Community Service Requirement for School       Court Ordered Community Service

**How often do you wish to volunteer and when are you available?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Demographic Information**

*Optional: Please help us to track demographics for our grants and audits. Identifying data will not be released.*

**Date of Birth:** \_\_\_\_\_

**Race/Ethnicity:**

**Gender:** \_\_\_\_\_

African American

Latino

Caucasian

Asian

**Veteran Status:** \_\_\_\_\_

Native American

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

**Employment, Education, & Special Skills**

**Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

My employer gives time off for volunteering

My employer matches cash donations

**Highest Level of Education Completed:** \_\_\_\_\_ **Degree/Major:** \_\_\_\_\_

**Additional Training, Certifications, or Memberships:** \_\_\_\_\_

**Special Skills & Talents:**

Bilingual (Specify: \_\_\_\_\_)

IT Expertise (Website, Database Management, etc.)

Art (Photography, Graphic Design, etc.)

Computer Skills (Microsoft, Internet, typing, etc.)

Fundraising (Grant Writing, Event Planning, etc.)

Strong "People Skills"

Office Skills (Phones, Copying, Organizing, etc.)

CPR/First Aid Certified

Public Speaking

Training and Development

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

**Photo Release**

I hereby give NAMI Fresno permission to take and/or use photographs of me, or photographs in which I may appear with others, for the purpose of promoting NAMI Fresno's program and activities in print, electronic, and social media.

Signature \_\_\_\_\_  
(Volunteer or Parent/Guardian if volunteer is under 18 years old)

Date \_\_\_\_\_

I DO NOT give NAMI Fresno permission to take and/or use photographs of me.

Signature \_\_\_\_\_  
(Volunteer or Parent/Guardian if volunteer is under 18 years old)

Date \_\_\_\_\_

## Volunteer Interests

We rely on volunteers to make services and programs possible. Below is a list of volunteer opportunities. Please **check** those activities in which you feel you can best serve. Refer to the Volunteer Role Descriptions handout to review requirements and commitment.

### NAMI Education Course Leaders

- Family-To-Family Teacher
- NAMI Basics Teacher
- Peer-to-Peer Mentor\*

### Support Group Facilitators

- NAMI Family Support Group Program
- NAMI Connection Peer-Focused Support Group

### Outreach

- Representative for Community Events
- In Our Own Voice Presenter\*
- Mental Health 101 Presenter
- Families in Crisis Presenter
- Special Events Volunteer
- Advocate
- Ending The Silence Presenter

### Administrative

- Office Volunteer

## Volunteers under 18 Years Old

**School:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
(Last Name) (First Name)

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ [Please Circle: Home Work Cell]

### Emergency Contact (optional)

*In the event of an emergency, please contact:*

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

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

## Volunteer Agreement

1. Volunteer activities are at the mutual consent of the volunteer and NAMI Fresno. Either party may terminate that relationship at any time, with or without cause, and with or without advance notice.
2. I am responsible for informing the Volunteer Coordinator of all changes regarding information contained in this application.
3. As lawful consideration for being permitted to participate as a volunteer, I agree that I will not make a claim against, sue, attach the property, or prosecute NAMI Fresno, the sponsors of any activities, or the aforementioned's respective principles, directors, members, employees, volunteers, participants, and insurance carriers ("Releasees") for death, personal injury, or property damages that I may sustain as a result of volunteering. This agreement is intended to discharge in advance Releasees from and against any and all liability, asserted by me, my heirs or assigns, including liability for negligent actions, arising out of or connected in any way with my participation in volunteering. NAMI Fresno maintains commercial general liability insurance to protect NAMI Fresno volunteers while they serve as agents of the association. To be covered, NAMI Fresno volunteers must be working under the supervision and control of the organization. When a volunteer drives his/her own vehicle or another vehicle not owned, leased, or rented by NAMI Fresno, NAMI Fresno liability and physical damage insurance does not apply. NAMI Fresno's Board of Directors and NAMI Fresno volunteers are covered by NAMI Fresno's Director's and Officer's liability insurance and by the fidelity bond.
4. I have received and carefully read the Conflict of Interest Policy for board members, staff, and volunteers of NAMI Fresno and have considered not only the literal expression of the policy, but also its intent. By signing this affirmation of compliance, I hereby affirm that I understand and agree to comply with the Conflict of Interest Policy. I further understand that NAMI Fresno is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities, which accomplish one or more of its tax-exempt purposes. I hereby state that I do not, to the best of my knowledge, have any conflict of interest that may be seen as competing with the interests of NAMI Fresno, nor does any relative or business associate of mine have such an actual or potential conflict of interest. If any situation should arise in the future which I think may involve me in a conflict of interest, I will promptly and fully disclose the circumstances to the President of the board of Directors of NAMI Fresno, Inc. or to the Executive Director, as applicable. ***[If you have any actual or potential conflicts of interest, please complete the Conflict of Interest Policy Annual Affirmation of Compliance and Disclosure Statement packet.]***
5. For participants of a minority age, I hereby certify that I, as a parent/guardian with legal responsibility for this volunteer of minority age, do consent and agree to his/her release of all the Releasees, and, for myself, my heirs, assigns and next of kin, release and agree to indemnify the Releasees from any and all liabilities incident to this minority's participation in volunteer activities.

- I have read the NAMI Fresno's Volunteer Policies and understand the policies and procedures for being a volunteer.
- I certify that all information in this application and in any other forms I complete during the application process is true and correct to the best of my knowledge.

Signature \_\_\_\_\_  
(Volunteer or Parent/Guardian if volunteer is under 18 years old)

Date \_\_\_\_\_

Return completed forms to: Director, NAMI Fresno, 7545 N. Del Mar Ave., Suite 105, Fresno, CA 93711  
Email: [chris@namifresno.org](mailto:chris@namifresno.org) Fax: (559) 438-6630

**If you have any questions, please contact the Director, Christina Roup (559) 224-2469.**