



Volunteer Application

Name: _____
 (Last Name) (First Name) (Middle Name) (Nickname)

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number #1: _____ **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

[Please Circle: Home Work Cell]

Send me Text Message Alerts

For cancellations, reminders, and routine communications.

Email: _____

How did you hear about NAMI Fresno? _____

Relationship to person with mental health condition:

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

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

Veteran Status: _____

- Native American Asian Other Specify: _____

What is your reason for volunteering: _____

What are your personal goals for your volunteer experience with our organization? _____

Does your reason for volunteering include:

- Community Service Requirement for School Court Ordered Community Service

If yes, how many hours _____ by (date) _____

for students: Please attach syllabus. Completing application will not guarantee placement

Professor _____ name of class _____ school site _____

How often do you wish to volunteer?

- Daily Weekly Monthly Yearly Other: _____

What is your availability?

To complete the chart below, either write in your available hours or mark the box to list that you are available at any time in the time period listed to the left. *Please note, our office hours are Monday – Thursday 9am – 3pm. We occasionally have special events outside these hours.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 9am - 12pm						
Afternoon 12pm -3pm						
Evening 3pm – 6 pm						

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. Visit namifresno.org for more details about NAMI signature programs listed below.

***opportunity requires lived experience-either your own or from a loved one’s perspective-extensive formal training, and two-year commitment.**

NAMI Education Course Leaders

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

Support Group Facilitators

- NAMI Family Support Group* NAMI Connection Support Group*

Outreach & Advocacy

- NAMI In Our Own Voice Presenter* NAMI Ending The Silence Presenter*
- Mental Health 101 Presenter* Family & Peer Panels for Law Enforcement*
- Representative/Tabling Community Events

Fundraising

- NAMIWalks Annual Dinner Event
- Event Planning Event Set-Up

Administrative

- Non-Crisis Calls Office Volunteer Social Media Manager
- Newsletters Membership Website Maintenance

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 _____

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: _____

Documents

Please include any important documentation you have, including but not limited to: a résumé, letter of intent, work experience, personal experience with mental illness, or references, training completion certificates, that will best help us find you volunteer placement at NAMI Fresno.

Is there any other information we should know about you? _____

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 _____

Please return completed applications to:

7545 N. Del Mar Ave., Suite 105, Fresno, CA 93711

Phone (559) 224-2469

Email: chris@namifresno.org

Fax: (559) 438-6630

If you have any questions contact Executive Director Chris Roup.