



San Joaquin County

Volunteer/Intern Application

Contact Information

Name	
Street Address	
City, State, Zip	
Cell Phone	
Work Phone	
E-Mail Address	

Are you a member of NAMI San Joaquin? _____

Availability

During which hours are you available to volunteer? (Check all that apply)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Interests

Which areas are you interested in volunteering? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Newsletter Publication | <input type="checkbox"/> Online Data Entry | <input type="checkbox"/> Office/Phones |
| <input type="checkbox"/> Program Teacher | <input type="checkbox"/> Support Group Leader | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Asst. Program Coordinator | <input type="checkbox"/> Membership Managing | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Fundraising/Grant Writing | <input type="checkbox"/> Volunteer Recruiting | <input type="checkbox"/> Other |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, volunteer work, or other activities (i.e. public speaking, writing, proofreading, etc.).

Previous Volunteer Experience

Summarize your previous volunteer experience.

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How did you hear about NAMI San Joaquin?

Describe how you heard about NAMI San Joaquin, why you are interested in volunteering with us, and if you have ever participated in any NAMI events/services.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip	
Cell Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Thank you for completing this application and for your interest in volunteering with us.
Please fax to (209) 982-1494 or email to info@namisanjoaquin.org
NAMI San Joaquin County • P.O. Box 448 • Stockton, CA 95201**