



National Alliance on Mental Illness

nami

Collier County

VOLUNTEER APPLICATION

Volunteering with NAMI of Collier County is an important contribution to our community. Thank you for your interest in becoming part of us!.

Date of Application: ____ / ____ / ____ Name: _____

Please complete the entire application and write "n/a" on any questions that do not apply to you.

Address: _____

Street Address Apt. # City State Zip Code

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Email: _____ @ _____

Emergency Contact:

Name	Relationship	Cellular Phone Nos.
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Email: _____

Days and times you are available to volunteer: Please put hours on the lines below, indicating am/pm.

____ Mondays ____ Tuesdays ____ Wednesdays ____ Thursdays ____ Fridays ____ Saturdays

Please check off below the position (s) that interest you:

- | | |
|---|---------------------------------------|
| _____ H.U.G.S. Dept. | _____ Sarah Ann Drop-In Center |
| _____ Babysitting on Parent/Youth Group | _____ Special Class at Drop-In Center |
| _____ Clerical/Reception | _____ Mailings |
| _____ Education Meeting Coordinator | _____ Special Event Assistant |
| _____ Speaker's Bureau and Outreach | _____ Support Group Facilitator |
| _____ Family-to-Family Course Leader | _____ Website |
| _____ Newsletter | _____ Retail |
| _____ Organizer | _____ Gardening |
| _____ Painting, Deck, Clean, etc. | Other: _____ |

Please tell us what skills you have to offer in your volunteer position:

Computer Skills (Word, Access, Excel, Internet, etc.): _____

Languages and Level of Fluency: _____

Fundraising (proposal research and writing): _____

Special Event Planning, Organizing: _____

Writing, Editing or Proofreading: _____

Phones (making calls, answering office line): _____

Other: _____

Please share your specific interests/hobbies or membership to any associations, civic groups and organizations: _____

Have you attended any relevant training/workshops, participated in an internship or had past volunteer experience? If yes, please explain. _____

Are you presently employed? If yes, who is your employer? _____

What do you hope to gain from volunteering with NAMI of Collier County?

NAMI of Collier County is a grassroots, peer-run support, education and advocacy organization. Therefore, many of our services and programs are run by family members and mental health consumers for other family members and mental health consumers. Our mission as an organization necessitates that many of our volunteers are people with some personal experience with mental health issues. In addition, our volunteers often deal with highly emotional and sensitive information. The information that you provide must be kept confidential and only shared with your direct supervisor.

Are you a family member of a loved one with a serious mental illness? If yes, please indicate your relationship to this person. _____

Are you a consumer of mental health services? _____

How would you describe your personal support system (talk and/or psychopharmacological therapy, support of family, friends, colleagues, support group, etc.)?

Are you a member of NAMI of Collier County? _____ If not, would you like to become a member?

How did you first learn of NAMI? _____

References: Please provide us with two references who can speak to your general character and skill level pertaining to the positions you are applying for. References should be non-relatives, and at least one should be a supervisor of employment, a volunteer position or academic study. Clinical staff, such as a therapist or social worker, is a valid reference.

1.			
Name	Relationship	Home/Work/Cellular Phone Nos.	Email
2.			
Name	Relationship	Home/Work/Cellular Phone Nos.	Email

Because NAMI volunteers deal with a vulnerable population, all leadership and direct contact positions require a criminal background check. If needed for your position, a separate form will be provided to you to fill out. (Please Note: Prior conviction records are reviewed on a case-by-case basis in the placement process, and applicants will only be denied employment based on a conviction for a felony that is related to the applied for position.)

Have you ever been convicted of a felony in this State or any other jurisdiction?

If yes, please provide the following information:

<i>Date of Conviction</i>	<i>Offense</i>	<i>Court and Location</i>
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I declare that all of the information presented above, as well as on any attached sheets are true, correct, and complete to the best of my knowledge.

Signature: _____ Date: ____/____/____

Volunteer Waiver and Confidentiality Agreement

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND.

I hereby give NAMI of Collier County permission to request and obtain data pertinent to my volunteering with NAMI of Collier County programs, if necessary. I also release from all liability or responsibility all persons and institutions supplying information. I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that if I am accepted as a volunteer with NAMI of Collier County, any false statements may result in my dismissal.

I, the undersigned, do hereby agree to participate with NAMI of Collier County program and I further agree to indemnify and hold NAMI of Collier County, its employees and contractors, harmless from and against any and all liability for any injury which may be suffered arising out of or in any way connected with my participation in this organization. I also agree to grant full permission to NAMI of Collier County to use my name and any photographs, video or recordings for any publicity and promotion purposes without obligation or liability to me.

Confidentiality: I hereby agree to keep confidential any and all personal information that I hear, see or process during my volunteer service with NAMI of Collier County unless given permission and parameters from the individual whose information is in question. This includes but is not limited to phone numbers, addresses and health or financial history.

Signature: _____ **Date:** _____

Volunteer Application Process

Applications are reviewed on an as-needed basis throughout the year. We welcome applications from anyone who supports the mission and goals of NAMI.

- Complete the volunteer application, and make sure to date and sign it.
- Send in the application to the attention of the Executive Director, NAMI of Collier County office via email or regular mail.
- After we receive and review your application, someone will contact you about open positions.
- If you are called for an interview, you will be interviewed by a staff member.
- After your interview you will be notified if you are accepted for a volunteer position.
- New Volunteer Orientations will be provided by staff either individually or in groups as necessary.

**For more information on NAMI of Collier County, please call (239) 260-7300 or go to our website at:
www.namicollier.org**

PLEASE RETURN COMPLETED FORM (with RESUME & COVER LETTER if available) to:

Executive Assistant, Alex Kincaid Email: Alex@namicollier.org

NAMI of Collier County, Executive Director, Pamela Baker 6216 Trail Blvd., Bldg C, Naples FL 34108

Phone: (239) 260-7300 FAX: (230) 260-1961