

Volunteer Information Form

Name _____ **Date** _____

Address (including zip code) _____

How would like your name on your ID Badge? _____

Day Phone _____ **Evening Phone** _____

E-mail _____ **Cell** _____

Please circle your preferred method for us to contact you. Is it okay to text you? Yes No

Are you currently a NAMI Delaware member? Yes No

Place of Employment _____

Position _____

Employment Address _____

Emergencies In case of an emergency, the best contact is _____

Relationship _____ **Phone** _____

Statistics (optional) Some volunteer assignments require this information for conducting background checks. None of this information disqualifies you from volunteering. This information is important for our grants and audits while also helping in our efforts to be a diverse organization that reflects our community.

DOB ___/___/___ Gender _____ Veteran Yes No

Race/Ethnicity: African-American Caucasian Native American Latino
 Asian

Do you identify as another race or ethnicity? If so, please specify _____

Education

High School Graduate Yes No G.E.D. Highest Degree Attained _____

Major _____ Other forms of education _____

Professional License _____

Languages (Indicate degree of fluency) _____

Relationship to Person with Mental Illness: (Check all that apply) Self Spouse Parent
 Child Significant Other Mental Health Provider/Professional Concerned Citizen
 Other Relationship (specify) _____

Do you have reliable transportation? Yes No If yes specify Car Bicycle
 Public Transportation

Do you need any special accommodations in order to volunteer? Yes No

If yes, specify _____

Tell Us More About Your Interest & Experience

NAMI-Delaware relies on its members and friends to make its services and programs possible. We would like to know about your past and present volunteer activities and your interests and goals for the future. Please **CHECK** those activities in which you feel you can best serve. We will work with you to identify the volunteer assignment that is best for you.

Administrative Support (Check all that apply)

- Filing Answering phones Mailings (home or office) Photocopying
- Data entry Errands (delivering mail to post office, picking up donations, etc)
- Website management

Have you ever volunteered in this capacity before? Y / N Where & when?

Support Services (Check all that apply)

- Resource person for support or education group Call people to see if the info they received was useful
- Phone advocate (respond to calls requesting info)
- Record calls and send literature Helpline

Have you ever volunteered in this capacity before? Y / N Where & when?

Public Policy/Legislation/Advocacy (Check all that apply)

- Follow proposed legislation during session Email alert system: help update, data entry,
 Write or call decision makers (legislators, media) Represent NAMI on other
organization's boards & committees Legislative & Policy Maker Education: participate in
trips to speak with legislators Phone alert system: Phone members to update on legislation
affecting persons with mental illness

Have you ever volunteered in this capacity before? Y / N Where & when?

Education & Outreach (Check all that apply)

- Arrange new sites: schedule speaking engagements Staff outreach booths at community
fairs Informational Meetings: greeter, set-up, sell merchandise, etc.
 Community/Provider Outreach Workshops: Assist speakers Train to be a speaker for
NAMI Delaware Adopt a place to keep supplied with literature for six months

Have you ever volunteered in this capacity before? Y / N Where & when?

Resource Materials & Newsletter (Check all that apply)

- Help to develop or edit educational pamphlets or resource materials Desktop publishing
& typing

How would you like to be involved with resource materials and the newsletter? _____

Have you ever volunteered in this capacity before? Y / N Where & when?

NAMI Delaware Events (Check all that apply)

- Host an event Be an exhibitor at an event Help plan an event Sell tickets to
events Staff tables Event set-up/take down Event registration Event cashier
 Server Silent auction /or solicitation

Have you ever volunteered in this capacity before? Y / N Where & when?

I would like to volunteer for a special event: NAMI Delaware WALK Annual
Conference Fundraising Events

Additional skills/interests/community affiliations that you think might be useful to NAMI Delaware:

Please let us know when you are available (Specify what hours):

Sunday	_____ am/pm to _____ am/pm
Monday	_____ am/pm to _____ am/pm
Tuesday	_____ am/pm to _____ am/pm
Wednesday	_____ am/pm to _____ am/pm
Thursday	_____ am/pm to _____ am/pm
Friday	_____ am/pm to _____ am/pm
Saturday	_____ am/pm to _____ am/pm

For Office Use Only

Volunteer Position: _____

Volunteer Orientation Date: _____ Orientation Conducted by: _____

Start Date: _____ Supervisor: _____

Notes: