

University or College Name: _____

Area of Study: _____

VOLUNTEER INFORMATION:

How did you learn about Tri-County MHMR?

_____ Newspaper

_____ Radio

_____ Television

_____ School

_____ Speaker

_____ Another volunteer, if so name of volunteer: _____

Are you volunteering to fulfill an internship or class requirement? ____ Yes ____ No

If yes, how many hours are you required to complete? _____

What languages do you speak: _____ English _____ Other(Please list below)

_____ Spanish _____

What location and office are you interested in volunteering at (which county and what field; MR, MH, support services, etc.):

Please tell us about your interests, skills, and abilities so that we may best place you within Tri-County.

What type of volunteer work are you most interested in? _____

What type of volunteer work are you least interested in? _____

Are you able to make at least a three month commitment? ____ Yes ____ No

If no, please explain: _____

When are you available to volunteer? (Please indicate days and hours available):

Do you wish to have a consumer contact or a non-consumer contact position?

With consumers

Non-consumer position

Why do you want to volunteer with Tri-County? _____

Please list any experience you have had working or volunteering with persons with mental illness, mental retardation or substance abuse: _____

Are you related to anyone currently receiving services from Tri-County?

Yes

No

***All volunteers with Tri-County are required to attend a mandatory two-hour orientation/training class prior to beginning your volunteer service with us.**

PERSONAL REFERENCES

Please list three personal references that are not related to you and have known you for at least two years. Please provide a complete address and phone number for each individual listed.

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Who should we contact in case of an emergency:

Name: _____ Phone: _____

IMPORTANT INFORMATION

- I understand that Tri-County will conduct a criminal background check and that by signing this application, I give Tri-County permission to complete this part of the volunteer screening process.
- I must complete all orientation/training and provide three personal references before I can work as a volunteer for Tri-County.
- I understand that Tri-County may contact my personal references.

Signature: _____

Date: _____