



**VOLUNTEER INFORMATION:**

How did you learn about Tri-County Behavioral Healthcare?

- 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; IDD, 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: \_\_\_\_\_

#### **What happens next:**

1. We will review your application once submitted.
2. We'll match you with available volunteer opportunities based on your interests and availability.
3. Complete a background check (if required).
4. Attend a brief orientation or training.
5. Begin volunteering and make a difference!

Please contact Bianca Vazquez at [BiancaV@tcbhc.org](mailto:BiancaV@tcbhc.org) for any questions.