



## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

### Personal Information

*Please print legibly and fill in completely. This application will remain confidential.*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(First) (MI) (Last)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

*How would you like to help? Please indicate your area of interest.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Special Events | <input type="checkbox"/> Board/Committee Member    |
| <input type="checkbox"/> Data entry      | <input type="checkbox"/> Fundraising    | <input type="checkbox"/> NAMITalks Speakers Bureau |
| <input type="checkbox"/> Reception       | <input type="checkbox"/> Mailings       | <input type="checkbox"/> Other: _____              |

Why do you want to volunteer with NAMI Fox Valley?

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What kind of volunteering experience have you had in the past?

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What skills do you have that you would like to share with NAMI Fox Valley?

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## Background Information

NAMI Fox Valley performs background checks on all volunteers for the safety of our consumers and their family members. Completed forms will be kept in a secure location to protect your confidential information. Answering affirmatively to any questions will not necessarily bar you from volunteering with NAMI Fox Valley. However, failure to comply or providing false information may result in denial or termination of volunteer activities.

1. Any other names by which you have been known (including maiden name):

\_\_\_\_\_

2. Do you have any criminal charges pending against you or were you ever convicted of any crime (not including traffic violations)?  YES  NO

A). If yes, list each crime, when it occurred or the date of conviction, and the city and state where the court is located. You may be asked to supply additional information.

\_\_\_\_\_

3. Have you resided out of the state of Wisconsin in the last three years?  YES  NO

A). If yes, list each state and the dates that you lived there.

\_\_\_\_\_

## References

Give the name and phone of two non-family members who can provide references on your ability to perform this volunteer position.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***This application will remain confidential***

Please return this application to:

NAMI Fox Valley

Attn: Kara Patterson

211 E. Franklin Street, Appleton, WI 54911

Phone 920-954-1550

Fax 920-954-0490

[www.namifoxvalley.org](http://www.namifoxvalley.org)

E-mail: [kara@namifoxvalley.org](mailto:kara@namifoxvalley.org)

**Thank you!**