



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER APPLICATION**

**Basic Information**

Name \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State IL ZIP \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other \_\_\_\_\_  
Social Security (optional) \_\_\_\_\_ Birthdate \_\_\_\_\_

**Emergency Contact**

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Contact's phone number(s) \_\_\_\_\_  
Physician / Medical Group \_\_\_\_\_

**Previous Volunteer Experience (if any)**

1. Name of organization \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duration of volunteer work \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_

2. Name of organization \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duration of volunteer work \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_

**Employment Experience (if applicable) Most recent first:**

1. Name of organization \_\_\_\_\_ Position Held \_\_\_\_\_  
Supervisor \_\_\_\_\_ Duration of work \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_



# mental health association of illinois valley, inc.

## Employment Experience (continued)

2. Name of organization \_\_\_\_\_ Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_ Duration of work \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Additional employment information can be written on separate paper; may attach resume.

## References

Please provide the names and addresses of two people to whom you are not related:

1. Name \_\_\_\_\_ Title / relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ circle correct: work or home cell or landline

Alternative Phone: \_\_\_\_\_ work or home cell or landline

2. Name \_\_\_\_\_ Title / relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ circle correct: work or home cell or landline

Alternative Phone: \_\_\_\_\_ work or home cell or landline

## Education

1. Name of college (s) \_\_\_\_\_

Degree (if applicable) \_\_\_\_\_ Received (or expected date) \_\_\_/\_\_\_/\_\_\_  
Mo / Year

2. Name of high school \_\_\_\_\_ Supervisor \_\_\_\_\_

(Circle correct) Degree or GED or none Received (or expected date) \_\_\_/\_\_\_/\_\_\_  
Mo / Year

## Tell us your reason for volunteering for the Mental Health Association (MHAIV):

I certify that my answers are true and complete to the best of my knowledge. I authorize MHAIV to make contact with my references. I understand that acceptance of my volunteer status is subject to passing and completing the training program, verification of references and a personal interview.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Best Days & Time for Volunteering (circle all days that apply and give time available):

Monday Tuesday Wednesday Thursday Friday Saturday  
Time \_\_\_\_\_

9/21/07

Mail form to:  
Mental Health Association of Illinois Valley  
5407 N. University  
Peoria, IL 61614  
Or FAX to 309/692-2966