



APPLICATION FOR VOLUNTEER WORK

PLEASE PRINT

PERSONAL INFORMATION			
NAME (IN FULL)			
ADDRESS (IN FULL)			
CITY		ST	ZIP
TELEPHONE (HOME)	TELEPHONE (WORK)	CELL PHONE	
DATE OF BIRTH		EMAIL ADDRESS	
VOLUNTEER ACTIVITY/ACTIVITIES I AM INTERESTED IN:			
<input type="checkbox"/> GENERAL OFFICE TASKS		<input type="checkbox"/> TEEN ADVISORY/SUPPORT GROUP	
<input type="checkbox"/> WELLMOBILE		<input type="checkbox"/> TEEN SCREEN/SCHOOL PRESENTATIONS	
<input type="checkbox"/> CURRICULUM DEVELOPMENT		<input type="checkbox"/> STORIES OF RECOVERY SPEAKER	
VOLUNTEER POSITIONS REQUIRE COMPLETION OF A 4 HOUR TRAINING TO QUALIFY FOR SERVICE			
EDUCATION			
HIGH SCHOOL		IF TEEN, GRADE POINT AVERAGE	
ADDRESS OF HIGH SCHOOL			
DID YOU GRADUATE?	DEGREE	MAJOR FIELD(S)	
BUSINESS/TRADE SCHOOL			
ADDRESS OF SCHOOL			
DID YOU GRADUATE?	DEGREE	MAJOR FIELD(S)	
COLLEGE/UNIVERSITY			
ADDRESS OF SCHOOL			
DID YOU GRADUATE?	DEGREE	MAJOR FIELD(S)	
GRADUATE/PROFESSIONAL			
ADDRESS OF SCHOOL			
DID YOU GRADUATE?	DEGREE	MAJOR FIELD(S)	
PREVIOUS VOLUNTEER ACTIVITIES			
PLEASE START WITH MOST RECENT			
ORGANIZATION		ADDRESS	
NATURE OF VOLUNTEER ACTIVITY			
DATES OF VOLUNTEER ACTIVITY			
NAME OF VOLUNTEER REFERENCE		TELEPHONE	
ORGANIZATION		ADDRESS	
NATURE OF VOLUNTEER ACTIVITY			
DATES OF VOLUNTEER ACTIVITY			
NAME OF VOLUNTEER REFERENCE		TELEPHONE	

Please continue on reverse side

EMPLOYMENT			
PLEASE FURNISH THE NAMES OF YOUR LAST TWO EMPLOYERS. PLEASE GIVE YOUR PRESENT OR MOST RECENT FIRST			
COMPANY		ADDRESS	
POSITION HELD			
LENGTH OF TIME EMPLOYED IN THIS POSITION			
NAME OF EMPLOYMENT REFERENCE		TELEPHONE	
COMPANY		ADDRESS	
POSITION HELD			
LENGTH OF TIME EMPLOYED IN THIS POSITION			
NAME OF EMPLOYMENT REFERENCE		TELEPHONE	
REFERENCES			
PLEASE PROVIDE THE NAMES AND ADDRESSES OF TWO PEOPLE TO WHOM YOU ARE NOT RELATED.			
NAME			
ADDRESS		CITY	ZIP
TELEPHONE		EMAIL	
NAME			
ADDRESS		CITY	ZIP
TELEPHONE		EMAIL	
IF YOU ARE UNDER AGE 18, PLEASE PROVIDE CONTACT INFORMATION FOR YOUR PARENT/GUARDIAN			
NAME			
ADDRESS			
TELEPHONE		EMAIL	
WHAT INTERESTS YOU IN VOLUNTEERING FOR MHAIV?			
WHAT SKILLS/INTERESTS DO YOU HAVE THAT WOULD BENEFIT OUR MISSION TO PROMOTE MENTAL HEALTH THROUGH EDUCATION, AWARENESS AND ADVOCACY?			

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE YOU 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 _____

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