

VOLUNTEER APPLICATION

Contact Information

Name	
Primary Phone Number	
E-Mail Address	
Address	
City, State, Zip code	
Languages Spoken	

Opportunities that Interest You

Tell us what areas you are interested in:

<input type="checkbox"/> Newsletter Delivery	<input type="checkbox"/> Advocacy / Public Policy
<input type="checkbox"/> Technology	<input type="checkbox"/> Committee Member
<input type="checkbox"/> Social Media	<input type="checkbox"/> Board Member
<input type="checkbox"/> Educator / Course Facilitator	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Peer Support Group Facilitator	<input type="checkbox"/> Special Events
<input type="checkbox"/> Family Support Group Facilitator	<input type="checkbox"/> Other – Please Describe

<input type="checkbox"/>	Hearing Voices Simulation Assistant: Instruct and supervise simulation participants to complete a variety of interactive tasks (reading comprehension, following directions, interview, etc.). Simulation Assistants have the opportunity to share their personal experiences with participants.
<input type="checkbox"/>	Resource Table Volunteer: Greet event attendees, distribute program information and answer questions.

What brought you to NAMI Greater Des Moines?

Availability

Tell us when you are available for volunteer assignments:

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am able to contribute ___ hours

<input type="checkbox"/> Per Week	<input type="checkbox"/> Per Month	<input type="checkbox"/> Summer Only
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Skills or Qualifications

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Affiliations

List your membership or involvement in professional organizations or groups:

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Are you a current member of NAMI Greater Des Moines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Background

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other? Yes ___ No ___ If yes, please explain:

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NOTE: Answering this question YES does not necessarily disqualify you from volunteering.

Complete this section if applying for Board or Committee Member Role

What advocacy and organizational priority areas do you believe NAMI GDM should be pursuing in the next three years and how can you help achieve it?

Complete this section if applying for Board Member

Please describe any previous service on a board and what you regard as your greatest contribution while on the board.

References

Please list three professional, academic, or personal references, not relatives, whom we may contact about your application to volunteer.

Name	Relationship	Phone Number	E-mail Address

I certify that all information in this application is true and complete to the best of my knowledge. I authorize agents of NAMI GREATER DES MOINES to check with the appropriate public authorities regarding my background and history. I understand that completing the application process does not guarantee acceptance as a volunteer, and that false or misleading information in my application is sufficient cause for not being accepted as a volunteer or to be dismissed.

Signature: _____

Date: _____

Please submit form to volunteer@namigdm.org or:

NAMI Greater Des Moines
511 East 6th Street, Suite B
Des Moines, IA 50309