

VOLUNTEER APPLICATION

NAMI Thurston/Mason provides volunteer opportunities to individuals regardless of race, creed, color, sex, national origin, marital status, veteran status, age, sexual orientation, gender, or physical, sensory, or mental disability.

Please complete this form and **mail** it to 4305 Lacey Blvd SE #28; Lacey, WA 98503 or **email** it to office@namitm.org

NAME _____ DATE _____

ADDRESS _____
Street City State Zip

PHONE (Primary) _____ (Secondary) _____

EMAIL: _____

INDICATE THE TYPE OF VOLUNTEER OPPORTUNITY YOU DESIRE:

Office work Community Resource Booth Board Position Teacher/Facilitator Other

Explain: _____

Indicate your availability to volunteer: Days Evenings Weekends

Comments: _____

How many **hours per month** would you like to volunteer: 0-4 4-8 8-12 12+

DATE AVAILABLE TO START VOLUNTEERING: _____

Have you ever been convicted of a crime against another person including but not limited to: assault of any kind, harassment of any kind, or stalking?

No Yes IF YES, PLEASE USE AN ADDITIONAL PIECE OF PAPER TO EXPLAIN THE ISSUE AND CURRENT STATUS IN DETAIL.

VOLUNTEER SKILLS SET:

Please summarize any special skills you bring to this opportunity:

ADDITIONAL INFORMATION:

Is there anything else you'd like us to know about you?

Legal Disclosures:

Please indicate if you are an adult (18 years or older) :

Yes No If no, please be advised that we will require an adult supervisor to join you for your volunteer service.

Please indicate whether you would be willing to submit to a background check if requested:

Yes No

PLEASE READ BEFORE SIGNING THIS APPLICATION

I authorize NAMI Thurston/Mason to investigate all statements in this application and to secure any necessary information from personal references and or background check. I hereby release all named references and NAMI Thurston/Mason from any and all liability arising from their giving or receiving information about my personal history, my qualifications, and my suitability as a volunteer for NAMI Thurston/Mason.

I understand that, if selected, I may be asked to demonstrate my ability or time commitment to perform the essential functions of the volunteer position for which I am being selected. I further understand that NAMI Thurston/Mason may release me from that position if deemed unable to act within the Mission/Values or conduct policies of NAMI Thurston/Mason.

In the event that I become a NAMI Thurston/Mason volunteer, I will comply with all the rules, regulations, and policies set forth in NAMI Thurston/Mason's volunteer manual.

I hereby acknowledge that I have read and understand the preceding statement.

Printed Name: _____

Signature: _____ Date: _____