



620 Dakota St. ~ Crystal Lake, IL 60012 ~ 815-308-0851

VOLUNTEER APPLICATION

PERSONAL			
Name:		Date:	
Address:	City:	State:	Zip:
Home phone:	Work phone:	Cell phone:	
Email:			
SSN:		Driver License #:	
EMERGENCY CONTACT			
Name:		Relationship:	
Home phone:	Work phone:	Cell phone:	
Are you presently working: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of employer:	
Employer email:		Phone:	
Position:			
EDUCATION			
Highest level of education completed:		Course of study and/or major:	
Are you familiar with Microsoft applications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Skills/training/experience:			
VOLUNTEER HISTORY			
Have you been a volunteer with any other organization: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where:			
List previous volunteer positions:			
Describe any special skills, talents or interests that you think would be beneficial to your volunteer work at NAMI-MC:			
Describe why you are interested in volunteering for NAMI-MC:			
What are your days and hours of availability?			
What type of volunteer assignment would you prefer?			
PREVIOUS WORK HISTORY			
Name of employer:		From:	To:
Email:		Phone:	
Position and responsibilities:			

Name of employer:	From:	To:
Email:	Phone:	
Position and responsibilities:		
Name of employer:	From:	To:
Email:	Phone:	
Position and responsibilities:		
PERSONAL REFERENCES		
Name:	Phone:	
Email:		
Name:	Phone:	
Email:		
Have you ever been convicted of a crime: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		

ACKNOWLEDGEMENT	
<p>I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I authorize a background check, reference check, and check of my driving record. I release from liability or responsibility all persons or corporations requesting or supplying information which may be sought in said investigation.</p> <p>I further understand and acknowledge that if I am selected to participate in the NAMI-MC Volunteer Program, I will adhere to all rules, policies and procedures of the Volunteer Program and I shall not receive any compensation for my services nor will I be considered an employee of NAMI-MC. I acknowledge and agree that I shall be providing services solely as a volunteer.</p> <p>Lastly, I hereby authorize the use of a photocopy of this acknowledgement by NAMI-MC in conducting the background investigation and obtaining the information I have herein authorized.</p>	
Signature:	Date:

Email, Fax or Mail in form to:
 Phyllis Seyler, Program Manager
 NAMI McHenry County
 620 Dakota Street
 Crystal Lake, IL 60012
pseyler@namimchenrycounty.org
 Fax: 866.599.6058