



Volunteer Application

Name: _____ Date _____

Address: _____
Street

City
State
Zip Code

Home Phone: () _____ Cell Phone: () _____

Email _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Skills/Interests/Hobbies – Please check all that apply:

What skills or training do you have and/or your preferences in type of work.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Writing | <input type="checkbox"/> Library | <input type="checkbox"/> Computer | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Graphics | <input type="checkbox"/> Family Education | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Photography | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Internet/Web | <input type="checkbox"/> Manual Labor | <input type="checkbox"/> Committees | <input type="checkbox"/> Multicultural Outreach |
| <input type="checkbox"/> Support Group Leader | <input type="checkbox"/> Outreach | <input type="checkbox"/> Tabling Events | <input type="checkbox"/> Public Education |
| <input type="checkbox"/> Other _____ | | | |

OVER

I am interested in helping with :

Special Projects

Night out
with NAMI
Fundraiser

Harvest of
Hope
Conference

Annual
Walk-a-thon

Other Interests: _____

Hobbies: _____

Please list any certificates, licenses or degrees obtained:

Have you ever been convicted of a criminal offense, including sex-related or child abuse offenses? [] Yes [] No

Availability – Please complete/check all that apply

Number of Days a Week to Volunteer _____

Number of Days a Month to Volunteer _____

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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