

**Mental Health Association in Greensboro
General Volunteer Information Form**

Please answer questions completely. All answers are kept confidential.

Name: _____ Date: _____

SSN: _____ E-mail: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone: _____ (home) _____ (work) Best time to be reached: _____

Age: _____ Sex: _____ Birth date: ____/____/____ Race: _____

Briefly describe your personal health and any limitations _____

List skills, talents, hobbies, or interests: _____

Employment Background: _____

Educational Background: _____

Volunteer Experience: _____

In case of emergency, please notify:

Name	Relationship	Phone
------	--------------	-------

Have you ever been charged or convicted of an offense other than a traffic violation? _____

If yes, please explain: _____

How often would you like to volunteer and how many times during that period:

Once Weekly _____ Twice _____ Three _____ Four _____ Five _____

What are your best volunteer days and times? _____

References:

Name and relationship to you: _____

Full Address: _____ Phone: _____

Email Address: _____

Name and relationship to you: _____

Full Address: _____ Phone: _____

Email Address: _____

Name and relationship to you: _____

Full Address: _____ Phone: _____

Email Address: _____

Special areas of interest: Please list in order of preference: (1=best to 18 = least)

_____ General Help	_____ Clerical Duties	_____ Special Events
_____ Speaker's Bureau	_____ Older Adults	_____ Hands Of Hope
_____ Mental Health Education	_____ African American Awareness Campaign	_____ Latino/Hispanic Awareness Campaign
_____ Fundraising	_____ Compeer Friends	_____ Compeer Connections
_____ Lending Library	_____ Advocacy	_____
_____ Information And Referral	_____ Peer-Led Support Groups	_____ Other _____

Are you volunteering to meet a school course or community service requirement? _____

If yes, what do you have to do? _____

How did you find out about our volunteer program? _____

What do you expect or hope to gain from this volunteer experience?

Assurance of Confidentiality and Permission to Review Information Given

I understand that, as a volunteer, I will help the agency to the best of my ability and will maintain complete confidentiality concerning all clients served through the Mental Health Association in Greensboro. It must be understood that by divulging confidential information to unauthorized persons could make you subject to civil action and suspension or dismissal from the agency.

I am aware that, depending on the nature of my volunteer work, the Mental Health Association in Greensboro may choose to perform a criminal background check and contact references I have listed.

I have read and I understand and agree to the terms described above.

Volunteer Signature: _____ Date: _____

MHAG Staff Signature: _____ Date: _____