

Supplemental Volunteer Application

Please submit information for this form if you will be conducting advanced mental health screenings or information.

Full Name

Address

Home Address

City/Town

State/Province

- Select -



ZIP/Postal Code

Email Address

Daytime Phone

Information About You:

Highest Level of Education

- Select -



Employer, if applicable

Special training, skills, or hobbies

Groups, clubs, or organizational memberships

Please describe your prior volunteer experience

What experiences have you had that may prepare you to work as a volunteer in the fields of mental health, outreach, advocacy, and underserved populations?

Why do you want to volunteer for MHA?

Do you have a driver's license?

- Select -

Do you have car insurance?

- Select -

Do you have a car available for transporting others?

- Select -

Please provide the following information for a reference:

Reference Name

Relationship to you

Length of relationship

Email

Phone number

Please read the following carefully before submitting this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Mental Health America that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by MHA. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with MHA or my termination as a volunteer.

Submit