



VOLUNTEER APPLICATION

For office use:
 ___ ETap

*All applications will be considered confidential.
 Opportunities for volunteers at MHAGI are provided without regard to religion, race, national origin, financial status, age, gender, or disability.*

**301 E. 38th St.
 Indianapolis, IN 46205-2620
 (317) 251-0005 (administrative number)**

Date _____ 20__

NAME _____
 (Last) (First) (Middle)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE Home _____ Hours to call _____

Business _____ Hours to call _____

Cell _____ Hours to call _____

E-MAIL ADDRESS _____

DESCRIBE EDUCATION AND/OR SPECIAL TRAINING (Include all degrees):

CURRENT EMPLOYMENT STATUS: (circle)

Employed Unemployed Student Homemaker Retired

WORK EXPERIENCE	DATES		Position
	From	To	
Employer			

VOLUNTEER EXPERIENCE	Dates of Service		Duties
	From	To	
Organization/Supervisor			

1. Please describe your reasons for wanting to volunteer with MHAGI.
2. Please describe your experience, strengths, and all skills that you would bring as a volunteer.
3. Please list questions or concerns you might have about volunteering with MHAGI.
4. Please describe the days and hours you would be available to volunteer with MHAGI and whether you are looking for an ongoing/routine position or a short term/temporary position.
5. Please describe anything which might interfere with your ability to perform the duties you are assigned.
6. How did you learn about Mental Health Association of Greater Indianapolis?

IN CASE OF ILLNESS or emergency, whom should we contact?

Name _____ Relationship _____
 Daytime Phone _____ Evening Phone _____

PERSONAL/PROFESSIONAL REFERENCES:

Please list any past volunteer supervisors that we may contact. If you do not have volunteer supervisors, please list former employment supervisors.

NAME _____	NAME _____
BUSINESS _____	BUSINESS _____
ADDRESS _____	ADDRESS _____
CITY & ZIP _____	CITY & ZIP _____
PHONE _____	PHONE _____
RELATIONSHIP _____	RELATIONSHIP _____

Have you ever been CONVICTED OF A CRIMINAL OFFENSE more serious than a minor traffic violation? (please circle) YES NO If yes, please give details:

PLEASE READ THE STATEMENTS BELOW AND SIGN IF YOU ARE IN AGREEMENT:

I certify that the information on this application is true and complete. I understand that falsification of any information on this application can lead to my termination and that Mental Health America of Greater Indianapolis (MHAGI) may verify the information on this application. I authorize any investigation of all statements herein and release MHAGI from any liability in connection with such investigation.

All information - verbal, written, or computerized - concerning donors and recipients will be held in the strictest confidence and shared only within the agency to the degree necessary to perform the task at hand. I understand that compliance with this policy is a condition of my participation in the Second Helpings volunteer program and that failure to maintain confidentiality will result in termination of my volunteer relationship with the agency, or other corrective action.

In consideration, and as a condition, of my acceptance by MHAGI as a volunteer for MHAGI, I hereby waive, release, and hold harmless MHAGI, its officers, directors, employees, representatives, and volunteers from any and all claims and actions related to or arising out of my volunteer activities for MHAGI

I also understand that before I can volunteer to work with consumer clients at MHAGI, I must provide proof of a negative Tuberculosis Test completed no sooner than 30 days before the first day as a volunteer.

Applicant's signature: _____ Date: _____

Parent/Guardian signature (for ages 16-17)

Signed: _____ Date: _____