



Mental Health America  
of Greater Indianapolis

**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. 38<sup>th</sup> 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):

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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 America 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:

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**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 MHAGI 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: \_\_\_\_\_