



# Queens/Nassau

## Volunteer Application

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial) (Nickname)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number #1: \_\_\_\_\_

Phone Number #2: \_\_\_\_\_

*[Please Circle: Home Work Cell]*

*[Please Circle: Home Work Cell]*

**What is the best way to reach you?**

- Home Phone       Email
- Cell Phone       Text Message
- Work Phone

- Send me Text Message Alerts**  
*For cancellations, reminders, and routine communications.*

Email: \_\_\_\_\_

How did you hear about NAMI Queens/Nassua Inc.?: \_\_\_\_\_

**Relationship to Person with Mental Illness:**

- Self       Significant Other       Parent       Concerned Citizen
- Spouse       Mental Health Provider/Professional       Child       Other \_\_\_\_\_

Reason for Volunteering: \_\_\_\_\_

- Community Service Requirement for School       Court Ordered Community Service

How often do you wish to volunteer and when are you available?

\_\_\_\_\_

## **Demographic Information**

*Optional: Please help us to track demographics for our grants and audits. Identifying data will not be released.*

**Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Veteran Status:** \_\_\_\_\_

**Race/Ethnicity:**

African American

Caucasian

Native American

Latino

Asian

Other Specify: \_\_\_\_\_

## **Employment, Education, & Special Skills**

**Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

My employer gives time off for volunteering

My employer matches cash donations

**Highest Level of Education Completed:** \_\_\_\_\_ **Degree/Major:** \_\_\_\_\_

**Additional Training, Certifications, or Memberships:** \_\_\_\_\_

**Special Skills & Talents:**

Bilingual (Specify: \_\_\_\_\_)

Art (Photography, Graphic Design, etc.)

Fundraising (Grant Writing, Event Planning, etc.)

Office Skills (Phones, Copying, Organizing, etc.)

Public Speaking

Other: \_\_\_\_\_

IT Expertise (Website, Database Management, etc.)

Computer Skills (Microsoft, Internet, typing, etc.)

Strong "People Skills"

CPR/First Aid Certified

Training and Development

## **Photo Release**

I hereby give NAMI Queens/Nassua Inc. permission to take and/or use photographs of me, or photographs in which I may appear with others, for the purpose of promoting NAMI Queens/Nassua Inc.'s program and activities in print, electronic, and social media.

Signature \_\_\_\_\_  
(Volunteer or Parent/Guardian if volunteer is under 18 years old)

Date \_\_\_\_\_

I DO NOT give NAMI Queens/Nassua Inc. permission to take and/or use photographs of me.

Signature \_\_\_\_\_  
(Volunteer or Parent/Guardian if volunteer is under 18 years old)

Date \_\_\_\_\_

## **Emergency Contact**

*Optional In the event of an emergency, please contact:*

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## Background Information

Have you ever been charged with or convicted of a crime? **No** **Yes**

Please explain: \_\_\_\_\_

I, \_\_\_\_\_ (volunteer), authorize the Volunteer Coordinator of NAMI Queen/Nassau to obtain information from any state or federal law enforcement agency, NYS Judiciary case records, and sex offender registries, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for sex offenses or crimes committed upon children. I understand that such access is for the purpose of initial consideration of my application as a volunteer, and that I expressly DO NOT authorize NAMI Queens/Nassua Inc., it's directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation. Personal data and information that maybe collected from background screening will be securely stored and accessible only to those who have a need to know.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Volunteer or Parent/Guardian if volunteer is 17 years old or younger)

## Volunteers under 18 Years Old

**School:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
(Last Name) (First Name)

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ [Please Circle: Home Work Cell]

## Volunteer Interests

We rely on volunteers to make services and programs possible. Please **check** the volunteer roles in which you feel you can best serve. Refer to the Volunteer Manual to review role responsibilities, requirements, and commitment.

### NAMI Education Course Leaders

- Family-To-Family Teacher
- NAMI Basics Teacher

### Outreach

- Representative for Community Events
- FaithNet Presenter
- In Our Own Voice Presenter
- Community In Crisis Presenter
- Special Events Volunteer

### NAMI Support Group Facilitators

- NAMI Family Support Group
- NAMI Connection Peer Support Group

### Advocacy

- Advocate
- NAMI Legislative Outreach

### Administrative

- Office Volunteer
- Internship

*Return completed forms to: Volunteer Coordinator, NAMI Queens/Nassau Inc.*

1981 Marcus Ave, Suite C117 Lake Success, NY 11042 Email: [office@namingq.org](mailto:office@namingq.org) Fax: 516-437-5785

**If you have any questions, please contact the Volunteer Office at 516-326-0797 or 718 347-7284**