



nAMI | Mercer

National Alliance on Mental Illness

Serving Mercer County, New Jersey

1235 Whitehorse Mercerville Rd. Bldg. C, Suite 3, Hamilton, NJ 08619

609 799 8994

www.namimercer.org home@namimercer.org

Volunteer Application

Name: _____ Date _____

Address: _____
Street

_____ City State Zip Code

Home Phone: () _____ Cell Phone: () _____

Email _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Skills – Please check all that apply:

What skills or training do you have?

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Phone Skills |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Computer Skills
(Microsoft Office) | <input type="checkbox"/> Marketing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Facilitation | <input type="checkbox"/> Multilingual
(list languages) | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Fundraising | _____ | <input type="checkbox"/> Social
Media/Website |
| | | <input type="checkbox"/> Writing |

NAMI Mercer volunteers assist in a variety of ways. Please check your volunteer interests.

- | | |
|--|---|
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Teaching (Family Education) | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Facilitating (Support Groups) | <input type="checkbox"/> Phone Work |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Public Education Assistant |
| <input type="checkbox"/> Helpline Support | <input type="checkbox"/> Tabling/Outreach Events |
| <input type="checkbox"/> Library | <input type="checkbox"/> Data Entry |

I am interested in helping with:

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Night out with NAMI Fundraiser | <input type="checkbox"/> Harvest of Hope Conference | <input type="checkbox"/> NAMIWalks |
|---|---|---|------------------------------------|

Other Interests/skills: _____

Hobbies: _____

Please list any certificates, licenses or degrees obtained:

Have you ever been convicted of a criminal offense, including sex-related or child abuse offenses? [] Yes [] No

Availability – Please complete/check all that apply

Number of Days a Week to Volunteer _____

Number of Days a Month to Volunteer _____

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			