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|  | Volunteer / Internship Application  Please submit your completed application to human.resources@mhadallas.org. |

## Your Personal Information

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| --- | --- | --- | --- |
| NAME First, Middle Initial, Last: | Click or tap here to enter text. | Government-Issued ID or Date of Birth: | Click or tap here to enter text. |
| ADDRESS City, ST, ZIP Code: | Click or tap here to enter text. | Home Phone: | Click or tap here to enter text. |
| E-Mail Address: | Click or tap here to enter text. | Work Phone: | Click or tap here to enter text. |

## Your Availability

### Office hours are Monday – Friday, 9 AM – 5 PM. What days and hours are you available for volunteer assignments?

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| --- | --- | --- | --- | --- | --- |
| Monday: | Click or tap here to enter text. | ­­Wednesday: | Click or tap here to enter text. | Friday: | Click or tap here to enter text. |
| Tuesday: | Click or tap here to enter text. | Thursday: | Click or tap here to enter text. |  |  |

## Your Interests

### Tell us in which areas you are interested in volunteering:

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| --- | --- | --- | --- | --- | --- | --- |
|  | Administration/Office Work | Mothers & Babies: |  | *Marketing* |  | *Facilitator* |
|  | Front Desk Receptionist | Peer Support Group: |  | *Facilitator* |  | *Coordinator* |
|  | Fundraising | WHO Program: |  | *Sales* |  | *Coordinator* |
|  | Social Media/Web Development | Workplace Wellness: |  | *Sales* |  | *Coordinator* |

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|  | Other: | Click or tap here to enter text. |

## Internship for Credit – If applicable, complete all fields. Otherwise, leave blank.

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| Name of School or Institution: | Click or tap here to enter text. |
| Name of Department/ Major: | Click or tap here to enter text. |
| Name of School Contact: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| The number of required hours: | Click or tap here to enter text. |
| Deadline Date for Completion: | Click or tap here to enter text. |
| Prospective Graduation Date: | Click or tap here to enter text. |

## Your Special Skills or Qualifications

### Summarize unique skills, talents, or qualifications you have acquired from employment or through other activities, including hobbies, sports, foreign languages, video editing, photography, research, and credentials. Summarize previous volunteer experiences as well. Also, please list all computer programs, software, and applications you are familiar with using.

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| Click or tap here to enter text. |

## Your Reason for Service

### Summarize why you are interested in mental health and our agency. What are your goals in volunteering with this agency? What exposure or experience have you had with Mental Health? E.g., Have you or a loved one experienced the effects of mental illness or currently dealing with or have dealt with a mental illness in the past?

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| --- |
| Click or tap here to enter text. |

## Your Emergency Contacts

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| --- | --- |
| NAME First, Middle Initial, Last: | Click or tap here to enter text. |
| ADDRESS City, ST, ZIP Code | Click or tap here to enter text. |
| Home Phone | Click or tap here to enter text. |
| E-Mail Address | Click or tap here to enter text. |

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability. Volunteers must be able to successfully perform the essential functions of the Volunteer opportunity to which applied. Each Volunteer Opportunity clearly states its required functions. When possible, we may make reasonable accommodations to enable individuals with disabilities to perform essential functions. We follow USCIC guidance. Because all our volunteer positions would normally be paid positions, they require employment authorization.

## Your Agreement and Signature

### By submitting this signed application, you affirm that the facts outlined in it are true and complete. You understand that if accepted as a volunteer, any false statements, omissions, or other misrepresentations made by you on this application may result in your immediate removal from our Volunteer / Intern Program.

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| --- | --- |
| Your Name (printed) | Click or tap here to enter text. |
| Your Signature | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

*THANK YOU for your interest in volunteering with Mental Health America of Greater Dallas!*