



NAMI Mission:  
**"Promoting Recovery"**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Numbers:    ☐ Home: \_\_\_\_\_ ☐ Work: \_\_\_\_\_ ☐ Cell: \_\_\_\_\_

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

**Emergency Contact**

Name	Relationship to You	Phone Number

**Previous Volunteer Experience**

Organization	Description of Service	Dates

Which volunteer opportunities interest you?

- |  |   |
|--|---|
| <input type="checkbox"/> General Office/ Help Desk     | <input type="checkbox"/> Warm Line +                    |
| <input type="checkbox"/> Fundraising/ Donor Relations  | <input type="checkbox"/> Webmaster/ Web Design          |
| <input type="checkbox"/> Internship in Mental Health * | <input type="checkbox"/> Family/ Multicultural Outreach |
| <input type="checkbox"/> Advocacy/ Public Policy       | <input type="checkbox"/> Education/ Programs Outreach   |
| <input type="checkbox"/> Special Events                | <input type="checkbox"/> Peer Support                   |

*\*Additional forms & documentation required\**

*+ QPR Gatekeeper training required+*

**When are you available to volunteer?**

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any of your specific interests/ hobbies or membership to any association, civic groups and organizations:

---



---



NAMI Lexington is a grassroots, support, education, peer to peer, and advocacy organization. Therefore, the bulk of our services and programs are run by family members and mental health consumers for other family members and mental health consumers. NAMI Lexington requires you to attend a 90-minute Orientation before starting your Volunteer assignment with our organization.

Please list three professional, academic, or personal references, not relatives, whom we may contact

Name	Relationship to You	Phone Number

Are you the family member of a loved one with a serious emotional, behavioral disorder, or mental illness? If yes, indicate your relationship to this person. \_\_\_\_\_

Are you a Consumer of Mental Health Services? \_\_\_\_\_

Have you ever used any of NAMI'S services or attended NAMI sponsored events? \_\_\_\_\_

If yes, which ones.

\_\_\_\_\_

I certify that all information presented is true and correct to the best of my knowledge. I understand that if I have provided false information or misrepresented myself that could be a cause for not being accepted as a volunteer or for being dismissed and do give consent and permission to serve as a Volunteer for NAMI Lexington. I understand that I will be performing volunteer services as a Volunteer and that the volunteer services will be performed at the NAMI Lexington office or at events /venues held by NAMI Lexington.

I know of no reason, medical or otherwise, that would me from performing the volunteer services as described. Except where resulting from the negligence of the NAMI Lexington or of NAMI Lexington's employees. I release and hold harmless NAMI Lexington for any loss, damage, or injury that may be sustained by me while I am serving as a volunteer for NAMI Lexington. I will hold harmless and indemnify NAMI Lexington as to any claims or actions brought by a third party arising out of my own negligence while serving as a volunteer for NAMI Lexington.

I give permission and consent for NAMI Lexington, through its employees, to obtain necessary emergency medical care or treatment for me, if and when needed. I will honor the direction of NAMI Lexington, through its appropriate employees, to suspend or terminate my volunteer service. In signing this, I acknowledge and represent that I am eighteen 18 years of age or older.

Signature

\_\_\_\_\_ Date\_\_\_\_\_

Witness

\_\_\_\_\_ Date\_\_\_\_\_