



NAMI
National Alliance on Mental Illness

Fond du Lac

NAMI Fond du Lac/Friendship Corner Volunteer Application

Date: _____

Contact: nami.fdl.fc@gmail.com

920-979-0512

Please indicate the area of interest and return the completed application form for review.

- Office/Clerical
 - Speaker
 - Fundraising
 - Other: _____
 - Special Events
 - Display Booth
 - “Basics” Educator** Must complete separate application and attend training provided by NAMI Fond du Lac and NAMI Wisconsin
 - “Ending the Silence” Speaker** Must complete separate application and attend training provided by NAMI Fond du Lac and NAMI Wisconsin
 - “Family-to-Family” Educator** Applicants must graduate from Family-to-Family Course Must complete separate application and attend training provided by NAMI Wisconsin
 - “Family Support Group” Facilitator** Must complete separate application and attend training provided by NAMI Fond du Lac and NAMI Wisconsin
 - “Homefront” Educator** Applicants must graduate from Homefront Course Must complete separate application and attend training provided by NAMI Wisconsin
 - “In Our Own Voice” Speaker** Must complete separate application and attend training provided by NAMI Fond du Lac and NAMI Wisconsin
 - “Peer-to-Peer” Educator** Applicants must graduate from Peer to Peer Course Must complete separate application and attend training provided by NAMI Wisconsin
 - “Peer Support Group” Facilitator** Must complete separate application and attend training provided by NAMI Fond du Lac and NAMI Wisconsin
 - Program Assistants** Volunteers assist educators and facilitators in presenting NAMI Fond du Lac programs.
 - Advocates** Peer Advocate, Family Advocate, Alternative Treatment Court Advocate and Parent/Child Advocate applicants are specially trained to provide one on one support for others by listening and referring them to community and NAMI resources.
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Reference

Give the name and phone of one non-family members who can provide references on your ability to perform this volunteer position.

Name _____ Relationship _____

Email Address: _____ Phone: _____

Background Information

NAMI Fond du Lac performs background checks on all volunteers for the safety of our consumers and their family members. Completed forms will be kept in a secure location to protect your confidential information. Answering affirmatively to any questions may not necessarily bar you from volunteering with NAMI Fond du Lac. However, failure to comply or providing false information may result in denial or termination of volunteer activities.

Any other names by which you have been known (including maiden name):

Do you have any criminal charges pending against you or were you ever convicted of any crime (not including traffic violations)? _____ YES _____ NO

If yes, list each crime, when it occurred or the date of conviction, and the city and state where the court is located. You may be asked to supply additional information.

Have you resided out of the state of Wisconsin in the last three years? _____ YES _____ NO

If yes, list each state and the dates that you lived there.

Please fill in completely and Please print legibly.

Personal Profile

NAME:		Date:	
ADDRESS: Street			
City		State	Zip
PHONE: Home		Work	E-MAIL
Emergency Contact:		Phone:	
How did you hear about the volunteer opportunities at Friendship Corner/NAMI?			
What volunteer opportunities interest you most?			
CURRENT SOCIAL INFORMATION			
List activities/organizations you are presently involved in:			
Skills/hobbies/special interests:			
Please list other volunteer experiences (past or present):			
GENERAL SCHEDULING INFORMATION			
Approximately how many hours per month are you wanting to volunteer? _____ Indicate the best time (approx.) for you to volunteer (you may check more than one).			
	Morning 10:00-1:00 (Example: 11:00-1:00)	Afternoon 1:00-4:00	Evening 4:00-7:00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

This application will remain confidential

Please return this application to:
NAMI Fond du Lac
86 South Macy Street
Fond du Lac, WI 54935
Phone 920-979-0512
www.namifonddulac.org
E-mail: nami.fdl.fc@gmail.com

For Office Use Only

Date Received: _____ Background Check: _____

Reference Check: _____ Date of Orientation: _____

Assigned to: _____