



Family Association for Mental Health Everywhere, FAME VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Address: _____
(street) (apt.) (city) (postal code)

Phone#: (Home) _____ (other) _____

Email: _____

Emergency contact: _____ Phone# _____

Relation: _____

Are you 18 years old or older: Yes No

SKILLS AND INTEREST

Current Occupation / Student: _____

Languages: _____

Why are you interested in volunteering with F.A.M.E.?

Please list any previous volunteer experience.

What are your special interests, skills, or hobbies?

VOLUNTEER OPPORTUNITY

What type of volunteer work were you interested in:

- Special events
- Office help
- Promotions / Fundraising
- Public Speaking
- Program support
- Newsletter editor
- Committee work
- other: _____

AVAILABILITY

When are you available to volunteer?

- Mon.
- Tues.
- Wed.
- Thurs.
- Fri.
- Weekends
- Any day
- Morning
- Afternoon
- Evening
- Any time

How often?

- Daily
- Weekly
- Monthly
- Short term (special event)

BACKGROUND INFORMATION

How did you hear about us?

- Other volunteer
- Volunteer centre
- Community fair
- local paper
- Service user
- High School
- Other: _____

REFERENCES

Please provide the names of two individuals who can be contacted as a reference check, one must be a professional reference. Family members will not be accepted as a reference.

- 1) Name: _____ Phone#: _____
Address: _____ Relationship: _____
- 2) Name: _____ Phone#: _____
Address: _____ Relationship: _____

Authorization for collection of personal information:

I authorize F.A.M.E. to contact the above individuals to complete a reference check.

Signature

Date