



Mental Health America of Illinois (MHAI)  
*(\*formerly the Mental Health Association in Illinois)*  
70 E. Lake Street, Suite 900  
Chicago, IL 60601  
[www.mhai.org](http://www.mhai.org)

### MHAI VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ EMAIL \_\_\_\_\_

BEST TIME TO BE REACHED \_\_\_\_\_

Are you presently employed?  yes  no

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

Do you have a current driver's license?  yes  no State \_\_\_ Number \_\_\_\_\_

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Why are you interested in becoming an MHAI volunteer? \_\_\_\_\_

\_\_\_\_\_

Describe Any Previous Volunteer Jobs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(next page)

## VOLUNTEER SPECIAL SKILLS AND INTERESTS

Please check below any special skills or interests you feel you could contribute to our volunteer activities.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Answering phones | <input type="checkbox"/> Graphic Design                         | <input type="checkbox"/> Calligraphy          |
| <input type="checkbox"/> Photography      | <input type="checkbox"/> Desktop Publishing                     | <input type="checkbox"/> Data Entry           |
| <input type="checkbox"/> Telemarketing    | <input type="checkbox"/> Copying, faxing, filing, mailing, etc. | <input type="checkbox"/> Depression Screening |
| <input type="checkbox"/> Grant Writing    |   |   |

## TIMES YOU ARE AVAILABLE FOR VOLUNTEER WORK

Please indicate the times when you would be regularly available for work:

	Days	Evenings
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Are you interested in working a regular schedule? What day/time?

\_\_\_\_\_

Are there any medical or other limitations on the type of volunteer work you can perform?

Yes  No If "yes", please explain \_\_\_\_\_

Whom should we contact in the event of an emergency?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

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Revised 9/07

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