



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

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 _____

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 _____

Please fill out and return to the address provided above.

Revised 9/07
