



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: _____ E-MAIL: _____

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.

- Answering phones Graphic Design Desktop Publishing
- Data Entry Photography Grant Writing
- Telemarketing Calligraphy Depression Screening
- Copying, faxing, filing, mailing, etc.

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 return mhaofillinois@gmail.com or fax to 312-368-0283.

Revised 9/07

