



www.namisaniego.org
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Volunteer Application

4480 30th Street,
San Diego, CA 92116
Phone: (619) 543-1434

Name _____ Date _____

Address _____

Email address _____

Phone: Home _____ Work _____

Best Times to Call _____

Date of Birth (day and month) _____

How long have you lived in California? _____

Employer _____ Occupation _____

Education/Training _____

Name any foreign language(s) you can speak _____

Hobbies, special interests or skills _____

Do you have a car? Yes ___ No ___ Veteran Yes ___ No ___

How did you hear about NAMI San Diego? (Please circle one)

- | | | | |
|---------------------|----------|--------------|----------------|
| Volunteer San Diego | Reader | Penny Saver | Telephone Book |
| Volunteer Match | School | Flyers | Friend/Family |
| Other Volunteer | Internet | Presentation | Other _____ |

What prompted your interest in volunteering? _____

Have you ever volunteered with us before? _____

What hours are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Previous volunteer experience:

Dates Type of Experience Organization

Education:

School & Location (City and State)	Major/Subject	Units/Years	Degree/Diploma

References: We require and check reference for the safety and well being of our clients, staff, and volunteers. Please list three people who would be willing to serve as references for you. One reference may be a relative.

- 1) Name: _____
Address: _____
Telephone No. _____ EMAIL: _____

- 2) Name: _____
Address: _____
Telephone No. _____ EMAIL: _____

- 3) Name: _____
Address: _____
Telephone No. _____ EMAIL: _____

Will you be receiving school credit for volunteering? _____

If so, from which school and department? _____

What is your program's time requirement? _____

Other Background:

A yes to any question does not necessarily disqualify you from becoming a NAMI volunteer. All information will be held strictly in confidence.

Do you have a current driver's license? Yes ___ No ___ License # _____

Has your license ever been suspended? Yes ___ No ___ State of _____

Please explain _____

Do you have car insurance? Yes ___ No ___ Agency _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?
(Convictions for marijuana-related offenses that are more than two years old need not be listed)
Yes _____ No _____

If yes, state nature of the crime (s), when and where convicted, and disposition of the case:

Are there any misdemeanor/felony charges pending against you now?

Yes ___ No _____

Please give nature of charge _____

Are you applying to do court ordered volunteer hours? Yes ___ No _____

If yes, please explain (Conviction or Reason and Completion Date)

(Note: No applicant will be denied acceptance into volunteer program solely on the grounds of conviction of a criminal offense, except when applying for certain contract programs which preclude the hiring of people with specific criminal convictions. For all other positions, the nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

I hereby certify that the above information is true and give my permission for any necessary verification. I release from liability any person and/or NAMI San Diego giving, receiving or utilizing any such information in making decisions regarding my application to volunteer.

Signature: _____ Date: _____

NAMI San Diego is an equal opportunity employer. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the U.S. government. This information will be kept separate and confidential.

Female _____ Male _____ Birthdate _____

Ethnic Code _____ Disability Code _____

Ethnic Code		
01	Black (not Hispanic Origin)	All persons having origins in any of the original Black racial groups of Africas.
02	Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
03	Asian or Pacific Islander	All persons having origins in any of the original peoples of the far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands (except the Philippines Islands). This includes, for example China, Japan, Korea, and Samoa.
04	American Indian, Alaskan Native Culture	All persons having origins in any of the original peoples of North America, or affiliation of community recognition.
06	White (not of Hispanic Origin)	All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
07	Filipino	All persons having origins in any of the original peoples of the Philippine Islands.
Disability Codes		
S	Visual	Legal blindness in one or both eyes, acuity after correction (eye glasses or contact lenses) is 20/20 visual acuity, or restriction in the visual field to 20 degrees.
H	Hearing	Total deafness or inability to hear a normal conversation and ot use a telephone without the aid of an assisting device.
P	Speech	Speech impairment which cause speech to be severe malfunction in normal conversation.
A	Orthopedic	Amputations or functional limitations if there is (a) significant impairment of one or more major extremities: or (b) impairment of the trunk, back, or spine when there is a medically diagnosed disability which substantially limits one or more major life activities
L	Developmental	Cerebral palsy, epilepsy, autism, mental retardation, and specific learning needs due to neurological, bio-chemical or developmental limitation, such a perceptual handicaps, brain injury, minimum brain dysfunction, dyslexia and developmental aphasia.
M	Other Disability	Disability not defined above
X		Do not wish to respond