



# TRANSITIONS-MENTAL HEALTH ASSOCIATION

*Inspiring Hope, Growth, Recovery and Wellness in Our Communities*

784 High Street, San Luis Obispo, CA 93401 // Phone: (805) 540-6500 // Fax: (805) 540-6501 // www.t-mha.org

## Volunteer/Internship Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(s): Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### What are your volunteering interests? (Check all that apply.)

- Resource & Support Specialist (SLO Hotline: telephone information, referral and crisis intervention services)
- Community Outreach event support (Suicide Prevention Forums, Journey of Hope, etc.)
- Fundraising event support (Harvest Festival, Bowl-A-Thon, etc.)
- Growing Grounds Downtown Store
- Growing Grounds Farm San Luis Obispo
- Growing Grounds Farm Santa Maria
- TMHA program with direct client service (internship)
- Other (please describe) \_\_\_\_\_

List names of any friends or relatives working for TMHA: \_\_\_\_\_

Education: (circle highest degree)      High School Diploma      AA/AS      BA/BS

Advanced Degree (please identify): \_\_\_\_\_ Other (please identify): \_\_\_\_\_

Specialized Skills/Courses/Training: \_\_\_\_\_

Do you speak and understand a language in addition to English?       Yes       No

If so, which one(s) and how fluently? \_\_\_\_\_

Are you literate in the language? \_\_\_\_\_

Employment (circle one):      Employed      Self-employed      Unemployed      Student      Retired

### If employed:

Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**Prior employment:**

Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Other current/prior Volunteer experience:**

Organization: \_\_\_\_\_

Position/Activities: \_\_\_\_\_

How long did you volunteer? \_\_\_\_\_

**Special interests, skills, and hobbies:** \_\_\_\_\_

Please check all special skills you would be willing to use in your volunteer work with us:

- Clerical     Legal     Public Speaking     Fundraising     Public Relations
- Graphics     Recruitment     Writing     Event Planning     Data Entry     Sales
- Social Media Strategy     Other \_\_\_\_\_

**Briefly state why you wish to volunteer at TMHA:** \_\_\_\_\_

**References:** Please provide two people who personally know your character (not a relative, spouse, or significant other).

#1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long known? \_\_\_\_\_ Relationship: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long known? \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
**Volunteer Applicant Signature**

\_\_\_\_\_  
**Date**

***Administration Use Only:***

**Volunteer Support reviewed/ documented:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Number:** \_\_\_\_\_