



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 ☐ Salesperson

☐ Other _____

Briefly state why you wish to volunteer at TMHA: _____

Are you volunteering as a condition of a court order? ☐ Yes ☐ No

Do you have any pending indictments or previous convictions for a criminal offense? ☐ Yes ☐ No
(felony or misdemeanor)

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

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