



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

Volunteer/Internship Application

Preferred Name: _____ Phone: _____ Best to Call Email

Pronouns: (optional) _____ Email: _____

Date of Birth: _____ City _____ State _____ ZIP _____

Volunteer position(s) applying for: _____

Specialized Skills/Courses/Training: _____

Currently a student? No Yes, name of school & major: _____

Do you speak a language other than English? No Yes: which language(s)? _____

Current/prior volunteer experience: _____

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

Clerical/Data Entry Event Planning Social Media Strategy Other _____

Why do you wish to volunteer at TMHA: _____

Is there anything else you'd like us to know about your experience, your interests, or your expectations?

Can we send you occasional informative emails to keep you updated?:

One Time Volunteer Projects Monthly TMHA Newsletter and Special Events

Volunteer Applicant Signature

Date