



# 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 \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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

**Volunteer position(s) applying for:** \_\_\_\_\_

**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): \_\_\_\_\_

Are you currently a student? If yes, name of school: \_\_\_\_\_

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? \_\_\_\_\_

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

**Current/prior volunteer experience:**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Clerical    Legal    Public Speaking    Fundraising    Public Relations    Lifting/Moving

Graphics    Recruitment    Writing    Event Planning    Data Entry    Sales

Social Media Strategy    Driving    Other \_\_\_\_\_

**General time/days you are available:** \_\_\_\_\_

\_\_\_\_\_

**Why do you wish to volunteer at TMHA:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Anything else you'd like us to know?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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**

\_\_\_\_\_  
**Reviewed By**

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