



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

Preferred Name: _____ Phone: _____ Best to Call Text

Legal Name (Optional): _____ OK to leave voicemail on your phone? Yes No

Email: _____ Date of Birth: _____

Street Address _____ City _____ State _____ ZIP _____

Volunteer position(s) applying for: _____

List names of any friends or relatives working for TMHA: _____

Education: High School Diploma AA/AS BA/BS Advanced Degree: _____

Specialized Skills/Courses/Training: _____

Are you currently a student? No Yes, name of school: _____

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

Are you currently utilizing TMHA services? No Yes

Employment: Employed Self-employed Unemployed Student Retired

If employed: Company: _____ Occupation: _____

Supervisor: _____ Reason for leaving: _____

Prior employment: Company: _____ Occupation: _____

Supervisor: _____ Reason for leaving: _____

Current/prior volunteer experience:

Organization: _____ Position/Activities: _____

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Special life 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: _____

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

References: Please provide two people who personally know your character.

#1 Name: _____ Phone: _____
How long known? _____ Relationship: _____

#2 Name: _____ Phone: _____
How long known? _____ Relationship: _____

Volunteer Applicant Signature

Date

Reviewed by Volunteer Services

Date