



Johnson County

Volunteer Application / Interest Form

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

Today's Date: _____ Highest Level of Education: _____

Previous relevant experience:

Date	Type of Experience	Organization
_____	_____	_____
_____	_____	_____

List any special skills set or languages in which you are fluent: _____

Please indicate your volunteer interests:

- Administrative Support Board
- Educate Families
- NAMI Walk
- NAMI JC
- Information Tabling
- Facilitate a Support Group
- R Place Peer Recovery Center
- Community Outreach
- Miscellaneous / Other: _____

I am interested in a [circle one or more] volunteer commitment:

One time Occasional Four Month (1 semester) One Year More than a Year



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Availability

Please indicate your availability by checking the appropriate boxes below.

- Mondays** Morning Afternoon Evening
- Tuesdays** Morning Afternoon Evening
- Wednesdays** Morning Afternoon Evening
- Thursdays** Morning Afternoon Evening
- Fridays** Morning Afternoon Evening
- Saturdays** Morning Afternoon Evening
- Sundays** Morning Afternoon Evening

Complete if Applicable: Service Type: School Credit Program Credit

Name of Organization: _____

If you feel comfortable sharing, please share any exposure and/or experience you have had with
Mental Illnesses _____

How did you hear about NAMI?
