



Volunteer Application

Please print clearly and fill out the application in its entirety

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (*mobile*) _____ (*home*) _____

(*work*) _____

Preferred method of communication (*please circle*) **home** **work** **mobile** Best time to call _____

Male () Female () Transgender () Email _____

Date of Birth _____

Employer _____ Position _____

Work address _____

City _____ State _____ Zip _____

Why are you interested in volunteering with Mental Health America of Virginia? Please include specific tasks and duties in which you would be interested. _____



Organization name _____

Volunteer services _____

Please describe any work or personal experience you think might be relevant to our program. _____

Please list three references:

_____ <i>Name</i>	_____ <i>Relationship</i>	_____ <i>Phone Number/Email Address</i>
_____ <i>Name</i>	_____ <i>Relationship</i>	_____ <i>Phone Number/Email Address</i>
_____ <i>Name</i>	_____ <i>Relationship</i>	_____ <i>Phone Number/Email Address</i>