



Today's Date: _____

VOLUNTEER/INTERNSHIP APPLICATION

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Phone number _____ Date of Birth _____

Email _____

Previous volunteer experience: _____

What do you hope to accomplish as a volunteer at MHA? _____

Is this for an Internship? ____ Yes ____ No

If for an internship, name of school, college or university that you attend:

Does your job have a volunteer matching (grant) program? ____ Yes ____ No

Who is your current/past employer? Retired? _____

What languages do you speak other than English? _____

In case of emergency contact: _____

Name Relationship Phone Number

Allergies or medical conditions: _____

Talents, skills or expertise that would benefit MHA:

Availability:
Day(s) of the week:
_ Mon _ Tues _ Wed _ Thurs _ Fri
Time of day: _ Morning _ Afternoon **Time of Year/Session:** _ Summer _ Fall _ Spring
of Hours Available: _____

- Current Volunteer and/or Internship Opportunities (You may select more than one):**
- Front Desk Greeter (Volunteer)
 - Web & Social Media (Volunteer or Intern)
 - Communications Program (Volunteer or Intern)
 - Publications Outreach/Distribution (Volunteer or Intern)
 - Suicide Prevention Outreach & Awareness (Volunteer or Intern)
 - Conference/Luncheon/Special Event (Volunteer or Intern) - **Coming Soon!**