

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):**

- Children's Mental Health Art Contest (Volunteer or Intern)
- Web & Social Media (Volunteer or Intern)
- Communications Program (Volunteer or Intern)