



**Mental Health America of Northern California**  
1908 O Street  
Sacramento, CA 95811  
Phone: (916) 366-4600 Fax: (916) 855-5448

# Volunteer Application

**Personal Information** *(Please Print Clearly)*

Name: _____			Phone: (____) _____		
Last	First	Middle			
Address: _____		City: _____	State: _____	Zip Code: _____	
Birthdate: _____ (mm/dd/yyyy)			Email Address: _____		
Social Security #: _____					

1. Where did you hear about volunteer opportunities in MHANCA?
2. What interests you about volunteering for MHANCA?
3. Have you done volunteer work before? Where?
4. Are you willing to undergo a criminal history screening?
5. Do you have a current CA driver license (CDL)? If so, please provide CDL number.
6. Do you have current auto insurance? If so, please attach a copy of your most recent insurance info.



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**I am available to volunteer: (indicate times you are available each day)**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Total hours available per week: \_\_\_\_\_ Date available to start volunteering: \_\_\_\_\_

**I would like to volunteer with: (indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices)**

- ☐ Children/youth [0-12 yrs]
- ☐ Transition-aged youth [13-24 yrs]
- ☐ Adults [18-54]
- ☐ Older adults [55+]
- ☐ Individuals across lifespan [all ages]
- ☐ LGBTQ individuals
- ☐ Administrative operations [all programs]
- ☐ Special events / fundraising

**Skills**

Please let us know about any skills you would like to share with us while volunteering.

- ☐ Outreach/Community Organizing: \_\_\_\_\_
- ☐ Clerical/Typing: \_\_\_\_\_
- ☐ Technology/Social Media: \_\_\_\_\_
- ☐ Music/Crafts: \_\_\_\_\_
- ☐ Fundraising: \_\_\_\_\_
- ☐ Public Speaking: \_\_\_\_\_
- ☐ Foreign Language: \_\_\_\_\_
- ☐ Writing: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_



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## References

Name: _____ Last First Middle	Telephone: (____) _____	Relationship: _____
Address: _____		City _____ State: _____
Name: _____ Last First Middle	Telephone: (____) _____	Relationship: _____
Address: _____		City _____ State: _____

## Emergency Contact

Name: _____ Last First Middle	Telephone: (____) _____	Relationship: _____
Address: _____		City: _____ State: _____ Zip: _____

## Volunteer Signature

Signature: _____	Date: _____
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