



San  
Fernando  
Valley

# NAMI SFV Volunteer Information Form

Complete and mail this form to: **NAMI SFV Attn: Volunteer 14545 Sherman Circle, Van Nuys CA 91405** Date \_\_\_\_\_

Name \_\_\_\_\_

Address (including zip code) \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell \_\_\_\_\_

Legislative District \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ US \_\_\_\_\_ Neighborhood Council District \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

**Statistics (optional)** Please help us to track this information for our grants and audits.  
(Confidential – Your Identifying data will NOT be released)

DOB \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of Children \_\_\_\_\_ Veteran  Yes  No

Race/Ethnicity:  African-American  Caucasian  Native American  Latino  Asian

Other Race or Ethnicity (specify) \_\_\_\_\_

## **Education**

High School Graduate  Y  No  G.E.D. College Graduate  Y  N Degree/Major \_\_\_\_\_

Other form of education \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Relationship to Person with Mental Illness:  Self  Spouse  Parent  Child  Significant Other  
 Mental Health Provider / Professional  Concerned Citizen  Other Relationship \_\_\_\_\_ (specify)

Languages (Indicate Degree of Fluency)

Do you have access to a car?  Y  N

Comfortable using public transportation?  Y  N

Skills/Experience Which You think Might be Useful to NAMI-SFV \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Tell Us More About Your Interest & Experience

NAMI-SFV (National Alliance on Mental Illness San Fernando Valley) relies on its members and friends to make its services and programs possible. We'd like to know about your past and present volunteer activities and your interests and goals for the future on the reverse side please. Please **CIRCLE** those activities in which you feel you can best serve. Please let us know which activities you have participated in before. In making your commitment, please note that we can tailor many tasks services to your availability.

#### Administrative Support (Circle all that apply)

Filing                      Answering phones                      Mailings (home or office)                      Photocopying  
Errands (delivering mail to post office, picking up donations, etc)                      Data entry                      Website management  
Have you ever volunteered in this capacity before? Y / N Where & when? \_\_\_\_\_

#### Support Services (Circle all that apply)

Resource person for support or education group                      Call people to see if the info they received was useful  
Phone advocate (respond to calls requesting info)                      Record calls and send literature  
Have you ever volunteered in this capacity before? Y / N Where & when? \_\_\_\_\_

#### Public Policy Advocacy (Circle all that apply)

Follow proposed legislation during session                      Email alert system: help update, data entry, etc  
Write or call decision makers (legislators, media)                      Represent NAMI on other organization's boards & committees  
Legislative & Policy Maker Education: participate in trips to speak with legislators  
Phone alert system: Phone members to update on legislation affecting persons with mental illness  
Have you ever volunteered in this capacity before? Y / N Where & when? \_\_\_\_\_

#### Education & Outreach (Circle all that apply)

Arrange new sites: schedule speaking engagements                      Staff outreach booths at community and health fairs  
Community/Provider Outreach Workshops: Assist speakers                      Informational / Speaker Mtgs: greeter, set-up, snacks  
Train to be an Ambassador speaker for NAMI SFV                      Adopt a place to keep supplied with literature for 6 mths  
Do you have a place in mind? Y / N Where? \_\_\_\_\_  
Have you ever volunteered in this capacity before? Y / N Where & when? \_\_\_\_\_

#### Resource Materials & Newsletter (Circle all that apply)

Help to develop or edit educational pamphlets or resource materials                      Desktop publishing & typing  
How would you like to be involved? \_\_\_\_\_  
Have you ever volunteered in this capacity before? Y / N Where & when? \_\_\_\_\_

#### Strengthening NAMI SFV (Circle all that apply)

(Recruit business ads, sponsors, & donations) (Annual Campaign: Send note cards to personal or NAMI SFV contacts)  
(Recruit new & lapsed members) **Skills:** (Event Planning) (Sponsorships : Sell NAMI WALKS Sponsorships)  
(Non-profit mgmt) (Marketing & PR) (Financial) (Fundraising) (Human Resources) (Media contacts)  
(Desktop publishing) (Printing services) (Parking) (Event set-up/take down) (Event registration) (Event cashier) (Server) (Silent auction /or raffle prize donations solicitation) (In-kind/product donation solicitation)  
Have you ever volunteered in this capacity before? Y / N Where & when? \_\_\_\_\_

I would like to volunteer for :  Annual Appeal  Annual Volunteer Awards Reception  PIZZA Night  
 Health Fairs and Outreach  NAMI WALKS Walkathon FUNdraising Committee  Membership Phone-a-thon

#### Other Interests of Skills

Professional or Community Affiliations (e.g., fraternity, faith community, professional/business org., etc.)  
\_\_\_\_\_  
\_\_\_\_\_

#### Please let us know when you are available (Specify what hours):

Sun _____ am/pm to _____ am/pm	Tues _____ am/pm to _____ am/pm	Thurs _____ am/pm to _____ am/pm
Mon _____ am/pm to _____ am/pm	Wed _____ am/pm to _____ am/pm	Fri _____ am/pm to _____ am/pm
OTHER _____	OTHER _____	OTHER _____

Thank you!                      A NAMI SFV Volunteer will contact you soon.                      [www.namisfv.org](http://www.namisfv.org) / 818-994-6747