

First Name: _____ Last Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

I wish to contribute _____(hours) per week per month *(Please circle one)* Available to start:

- Would you prefer to volunteer a regular schedule or as needed?

- Why do you want to volunteer for NGH? Do you have a connection to mental illness?

- What skills would you bring to the volunteer position?

- Do you speak any additional languages? If so, please indicate degree of fluency _____
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I certify that all information in this application and in any other forms I complete during the application process is true and correct to the best of my knowledge. I understand that if I have provided false information or misrepresented myself, this is sufficient cause for not being accepted as a volunteer.

Signature _____ Date: _____

Permission for Treatment of Volunteer Form

I understand that every attempt is made to insure the safety of persons volunteering with NAMI Greater Houston. When illness or an accident occurs either at an agency site or in route by agency transportation to a program activity, we will contact the volunteer's designated emergency contact as soon as possible. There may be times when the designated person cannot be reached soon enough to meet the immediate need.

In the event of an accident or illness requiring emergency medical treatment by a physician or hospital, I hereby authorize the Executive Director (or designee) of NAMI Greater Houston to secure necessary treatment on my behalf.

I further agree to assume financial responsibility for such emergency medical treatment not covered by Workman's Compensation insurance.

In case of emergency contact: _____ Relationship _____
 Phone Number(s): home _____ cell _____ work _____
 Address _____ City _____ State _____ Zip Code _____

Important medical information (such as allergies, medication, medical conditions, etc):

Volunteer Name (print) _____
 Signature _____ Date _____

Volunteer Release Form

I hereby release, indemnify, and hold harmless NAMI Greater Houston, the Organizers, Sponsors, and Supervisors of all activities from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with volunteering for NAMI Greater Houston. I likewise hold harmless from liability any person transporting me to and from any agency activity. In addition, the agency has permission to utilize for publicity purposes any photographs or videos taken. **If the individual is a minor (under 18 years of age), a Parent or Legal Guardian should sign.**

Signature: _____ Date: _____

I hereby consent and agree, individually and as a parent or legal guardian of _____, to all terms and provisions stated above

Name (printed): _____ Relationship: _____

Signature: _____ Date: _____

Volunteer Opportunities

Check all areas of interest below:

OUTREACH

FACILITATE A NAMI OUTREACH PROGRAM: Facilitate an outreach program such as *Parents and Teachers as Allies*, *Faith Community Outreach*, or *In Our Own Voice*; 2-4 times a year for 1 ½ hours to 3 hours at a local church, school or community center. Must attend facilitator training and be a caregiver or an individual diagnosed with mental illness. Time involved: 1-3 hours each presentation.

INFORMATION TABLES: Set up and take down a table with NAMI information for *NAMI in the Lobby* at hospitals, health fairs and community outreach fairs in local libraries, parks, hospitals, business, etc. Time involved: 1-4 hours per fair (weekends available).

VOLUNTEER FOR A COMMITTEE: If interested NGH members may be invited to join working Committees, including:

Media & Marketing Programs Development Public Policy & Advocacy NAMIWalks
 Strategic Planning Finance Volunteers Nominating Speakers Bureau

SPECIAL EVENTS

NAMIWALKS: Assist in the tasks involved in the year-round organization of the annual NAMIWalks event held in the spring, such as:
 Join the Walk Committee or a Subcommittee Assist with the sponsorship or in-kind donations Be a Walk Day Volunteer

GIFT WRAPPING: Wrap presents at Barnes & Noble in December during the weeks leading up to Christmas for donations. Talk about who we are and what we do while wrapping presents! Time involved: varies

MENTAL HEALTH AWARENESS WEEK: Held during the **first week of October**, NAMI Greater Houston sponsors events to promote mental health awareness. Please join the planning and implementation committees for these events. Time involved: varies

MINORITY MENTAL HEALTH AWARENESS MONTH: Held in **July**, National Minority Mental Health Awareness Month offers volunteers a wonderful opportunity to create mental health awareness in diverse communities. Please join the planning and implementation committees for these events. Time involved: varies

SUPPORT EDUCATION & ADVOCACY (SEA) CENTER

INFORMATION & REFERRAL SPECIALIST: Answer calls and respond to emails, as well as, in-person intake of individuals seeking mental health resources at the SEA Center (NAMI Greater Houston office/3630 West Dallas). Time involved: varies

RESEARCH: Research mental health resources to be used in the SEA Center pertaining to housing, employment, access to therapy and hospitals, medication assistance, legal assistance, etc. Can do from home if preferred. Time involved: varies

GENERAL OFFICE

OFFICE VOLUNTEER: Volunteer to work in the NAMI Greater Houston office or at home - putting together information packets, compiling education binders, make phone calls, data entry, prepare mailings, etc... Time involved: varies

INTERNSHIPS

Internships are unpaid, but we will assist you in meeting the requirements of your school or program. We will provide letters of recommendation and references based on your performance.

Please note: All information contained in this form is **confidential** and will not be shared with 3rd parties

Please return this completed application to:

NAMI Greater Houston, P.O. Box 66270, Houston, TX, 77266-6270

Via fax: (713) 970-4436 or via email: volunteer@namigreaterhouston.org