



National Alliance on Mental Illness

**nami**

**Metropolitan  
Baltimore**

## Volunteer Application

**Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Nickname)

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number #1:** \_\_\_\_\_

*[Please Circle: Home Work Cell]*

**Phone Number #2:** \_\_\_\_\_

*[Please Circle: Home Work Cell]*

**What is the best way to reach you?**

- Home Phone
- Cell Phone
- Work Phone
- Email
- Text Message

- Send me Text Message Alerts**  
*For cancellations, reminders, and routine communications.*

**Email:** \_\_\_\_\_

**How did you hear about NAMI Metro Baltimore?:** \_\_\_\_\_

**Relationship to Person with Mental Illness:**

- Self
- Spouse
- Significant Other
- Mental Health Provider/Professional
- Parent
- Child
- Concerned Citizen
- Other \_\_\_\_\_

**Reason for Volunteering:** \_\_\_\_\_

- Community Service Requirement for School
- Court Ordered Community Service

**How often do you wish to volunteer and when are you available?**

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## **Demographic Information**

*Optional: Please help us to track demographics for our grants and audits. Identifying data will not be released.*

**Date of Birth:** \_\_\_\_\_

**Race/Ethnicity:**

**Gender:** \_\_\_\_\_

African American

Latino

Caucasian

Asian

**Veteran Status:** \_\_\_\_\_

Native American

Other Specify: \_\_\_\_\_

## **Employment, Education, & Special Skills**

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

My employer gives time off for volunteering

My employer matches cash donations

**Highest Level of Education Completed:** \_\_\_\_\_ **Degree/Major:** \_\_\_\_\_

**Additional Training, Certifications, or Memberships:** \_\_\_\_\_

### **Special Skills & Talents:**

Bilingual (Specify: \_\_\_\_\_)

IT Expertise (Website, Database Management, etc.)

Art (Photography, Graphic Design, etc.)

Computer Skills (Microsoft, Internet, typing, etc.)

Fundraising (Grant Writing, Event Planning, etc.)

Strong "People Skills"

Office Skills (Phones, Copying, Organizing, etc.)

CPR/First Aid Certified

Public Speaking

Training and Development

Other: \_\_\_\_\_

## **Photo Release**

I hereby give NAMI Metropolitan Baltimore permission to take and/or use photographs of me, or photographs in which I may appear with others, for the purpose of promoting NAMI Metropolitan Baltimore's program and activities in print, electronic, and social media.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Volunteer or Parent/Guardian if volunteer is under 18 years old)

I DO NOT give NAMI Metropolitan Baltimore permission to take and/or use photographs of me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Volunteer or Parent/Guardian if volunteer is under 18 years old)

## **Emergency Contact**

*Optional In the event of an emergency, please contact:*

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## Background Information

Have you ever been charged with or convicted of a crime?  No  Yes

Please explain: \_\_\_\_\_

I, \_\_\_\_\_ (volunteer), authorize the Volunteer Coordinator of NAMI Metropolitan Baltimore to obtain information from any state or federal law enforcement agency, Maryland Judiciary case records, and sex offender registries, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for sex offenses or crimes committed upon children. I understand that such access is for the purpose of initial consideration of my application as a volunteer, and that I expressly DO NOT authorize NAMI Metropolitan Baltimore, it's directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation. Personal data and information collected from background screening will be securely stored and accessible only to those who have a need to know. I understand that effective December 2015, prospective volunteers with criminal history of sex offenses will not be permitted to volunteer with NAMI Metropolitan Baltimore and all other offenses will be considered on a case-by-case basis. I have the right to appeal or dispute inaccurate information. I am responsible for disclosing to the Volunteer Coordinator if I am charged with a crime during the course of my volunteer service.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Volunteer or Parent/Guardian if volunteer is 17 years old or younger)

## Volunteers under 18 Years Old

**School:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
(Last Name) (First Name)

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ [Please Circle: Home Work Cell]

## Volunteer Interests

We rely on volunteers to make services and programs possible. Please **check** the volunteer roles in which you feel you can best serve. Refer to the Volunteer Manual to review role responsibilities, requirements, and commitment.

### NAMI Education Course Leaders

- Family-To-Family Teacher
- NAMI Basics Teacher
- Peer-to-Peer Mentor

### Outreach

- Representative for Community Events
- Virtual Voices Experiential Workshop
- In Our Own Voice Presenter
- Families in Crisis Presenter
- Special Events Volunteer

### Patient and Family Peer Support Programs

- University of Maryland Medical Systems (UMMS) Mentor Program
- Caregiver Circles Mentor

### NAMI Support Group Facilitators

- NAMI Family Support Group
- NAMI Connection Peer Support Group

### Advocacy

- Advocate
- NAMI Smarts for Advocacy Teacher

### Administrative

- Office Volunteer
- Internship

## Volunteer Agreement

1. Volunteer activities are at the mutual consent of the volunteer and NAMI Metropolitan Baltimore. Either party may terminate that relationship at any time, with or without cause, and with or without advance notice.

2. I am responsible for informing the Volunteer Coordinator of all changes regarding information contained in this application.

3. As lawful consideration for being permitted to participate as a volunteer, I agree that I will not make a claim against, sue, attach the property, or prosecute NAMI Metropolitan Baltimore, the sponsors of any activities, or the aforementioned's respective principals, directors, members, employees, volunteers, participants, and insurance carriers ("Releasees") for death, personal injury, or property damages that I may sustain as a result of volunteering. This agreement is intended to discharge in advance Releasees from and against any and all liability, asserted by me, my heirs or assigns, including liability for negligent actions, arising out of or connected in any way with my participation in volunteering. NAMI Metropolitan Baltimore maintains commercial general liability insurance to protect NAMI Metropolitan Baltimore volunteers while they serve as agents of the association. To be covered, NAMI Metro Baltimore volunteers must be working under the supervision and control of the organization. When a volunteer drives his/her own vehicle or another vehicle not owned, leased, or rented by NAMI Metro Baltimore, NAMI Metro Baltimore liability and physical damage insurance does not apply. NAMI Metro Baltimore's Board of Directors and NAMI Metro Baltimore volunteers are covered by NAMI Metro Baltimore's Director's and Officer's liability insurance and by the fidelity bond.

4. I have received and carefully read the Conflict of Interest Policy for board members, staff, and volunteers of NAMI Metropolitan Baltimore and have considered not only the literal expression of the policy, but also its intent. By signing this affirmation of compliance, I hereby affirm that I understand and agree to comply with the Conflict of Interest Policy. I further understand that NAMI Metropolitan Baltimore is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. I hereby state that I do not, to the best of my knowledge, have any conflict of interest that may be seen as competing with the interests of NAMI Metropolitan Baltimore, nor does any relative or business associate of mine have such an actual or potential conflict of interest. If any situation should arise in the future which I think may involve me in a conflict of interest, I will promptly and fully disclose the circumstances to the President of the board of Directors of NAMI Metropolitan Baltimore, Inc. or to the Executive Director, as applicable. ***[If you have any actual or potential conflicts of interest, please complete the Conflict of Interest Policy Annual Affirmation of Compliance and Disclosure Statement packet. Copies are available by request to the Volunteer Coordinator.]***

5. For participants of a minority age, I hereby certify that I, as a parent/guardian with legal responsibility for this volunteer of minority age, do consent and agree to his/her release of all the Releasees, and, for myself, my heirs, assigns and next of kin, release and agree to indemnify the Releasees from any and all liabilities incident to this minority's participation in volunteer activities.

I have read the NAMI Metropolitan Baltimore Volunteer Manual and understand the policies and procedures for being a volunteer.

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.

Signature \_\_\_\_\_  
(Volunteer or Parent/Guardian if volunteer is under 18 years old)

Date \_\_\_\_\_

Return completed forms to: Volunteer Coordinator, NAMI Metro Baltimore, 6600 York Road Suite 204, Baltimore, MD 21212  
Email: [volunteer@namibaltimore.org](mailto:volunteer@namibaltimore.org) Fax: 410-435-0355

**If you have any questions, please contact the Volunteer Coordinator at 410-435-2600, extension 127.**