



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?

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 Metro 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 Metro Baltimore's program and activities in print, electronic, and social media.

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

Date _____

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

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

Date _____

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 Program & Outreach Coordinator of NAMI Metro 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 Metro Baltimore, its 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 Metro 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 Director of Outreach and Special Projects 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)

Confidentiality Agreement

NAMI volunteers are expected to ensure the confidentiality and privacy of individuals who contact, use, or support the services and programs of NAMI Metropolitan Baltimore. Disclosure of any confidential information, including names and history with the organization, may only be made under circumstances which fulfill the mission of NAMI. The fact that an individual has contacted or is using services of NAMI must be kept confidential. This means that volunteers shall not disclose confidential information to anyone outside the organization unless authorized by the Executive Director or other authorized personnel. The principle of confidentiality must be maintained in all volunteer programs, events, and activities. Failure to do so may result in the termination of volunteer service.

Volunteer Interests

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

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
- Ending the Silence Presenter
- Families in Crisis Presenter
- Special Events Volunteer

NAMI Support Group Facilitators

- NAMI Family Support Group
- NAMI Connection Peer Support Group

Advocacy

- Advocate
- NAMI Smarts for Advocacy Teacher

Administrative

- Office Volunteer
- HelpLine Volunteer
- Internship

- I am interested in sharing my personal story in corporate and/or community mental health presentations.

Volunteer Agreement

1. Volunteer activities are at the mutual consent of the volunteer and NAMI Metro 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 Program & Outreach Coordinator of all changes regarding information contained in this application. I will complete an Annual Update Form to confirm my intent to volunteer in the future, as well as formally renew any and all previously provided information, agreements, releases, and consents.
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 Metro 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 Metro Baltimore maintains commercial general liability insurance to protect NAMI Metro 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 Metro 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 Metro 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 Metro 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 Metro 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.]*
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 Metro 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: NAMI Metro Baltimore, 6600 York Road Suite 204, Baltimore, MD 21212
Email: volunteer@namibaltimore.org Office: 410-435-2600 Fax: 410-435-0355*