

1<sup>st</sup> attempt (date and time): \_\_\_\_\_ 2nd attempt (date and time): \_\_\_\_\_

## MEND Volunteer Application

### Please print



Orientation Date: \_\_\_\_\_

Application Date: \_\_\_\_\_

I.D.# \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Current Employer(s) OR Retired from \_\_\_\_\_

How did you hear about MEND? \_\_\_\_\_

When are you available to volunteer? Days & Times \_\_\_\_\_

Have you ever been convicted of a felony/Misdemeanor: Yes \_\_\_\_\_ NO \_\_\_\_\_ (or Have you ever been convicted of a crime?) If yes, describe each in full: \_\_\_\_\_

Please list of minimum of two References (Please list complete name and phone number)  
Reference should have known you for at least 6 months, not be relatives or live in the same household.

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

If you have volunteered for MEND in the past, list the programs/committees you worked on.  
\_\_\_\_\_ What year? \_\_\_\_\_

### **IMPORTANT INFORMATION!!**

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Physician's name and telephone:  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_

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### For office use only-to be completed by department staff

Volunteer Name \_\_\_\_\_ Date \_\_\_\_\_ Orientation Date \_\_\_\_\_

Department Referred to: \_\_\_\_\_ Contact: \_\_\_\_\_

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- Volunteer has been placed started working in dept. which he/she was referred
- Volunteer didn't show
- Volunteer referred back to Volunteer Services Director
- Other (Specify) \_\_\_\_\_