



National Alliance on Mental Illness

nami | Western Carolina

Volunteer Interest Form (Please print)

Date _____

Name _____

Address (including zip code)

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone # _____ Relationship _____

Highest Educational Degree (high school, college, graduate degree?) _____

Current or most recent employment _____

Special Interests and Abilities

Please list two references and phone numbers.

Are you available daytime, evening, or both?

Why would you like to volunteer for NAMI WC? _____

Number the activities you would like to participate in, #1 being the activity you would most like to do.

- _____ Office Work (filing, answering phone helpline, photocopying, data entry)
- _____ Membership Development (recruitment, phone calls)
- _____ Event Helper (potlucks, educational programs, booths, fundraisers, other special events)
- _____ Speaker (speaking on behalf of NAMI in the community)
- _____ Connection Support Group Facilitator
- _____ Family Support Group Facilitator
- _____ Family to Family Teacher
- _____ Website support person and media coverage
- _____ Newsletter editor
- _____ Other? _____

Return to: NAMI WC, 356 Biltmore Ave., Ste. 207, Asheville, NC 28801
Questions? 828-505-7353, info@namiwnc.org