



784 HIGH STREET, SAN LUIS OBISPO, CA 93401
PHONE (805) 540 - 6500 FAX (805) 540 – 6501 WWW.T-MHA.ORG
Inspiring hope, growth, recovery and wellness in our communities.

Volunteer/Internship Application

Date: _____

Full Name: First _____ Middle Initial _____ Last _____

Address: Street _____ City _____ State _____ ZIP _____

Phones: Home _____ Cell _____ Work _____

Fax _____ Email _____ Date of Birth _____

How did you hear about TMHA? Newspaper TV Radio Employer Friend

Presentation Fundraiser/Event Current/Former SLO Hotline Volunteer

TMHA website Other Website (address?) _____ Other _____

What are you interested in volunteering for? (check all that apply)

- Resource and Support Specialist (24-hour, telephone Information, Referral and Crisis Intervention services)
- Community Outreach program (community outreach activities and presentations)
- Special events and fundraisers (Bowl-A-Thon, SLO Wine & Grill Affair, etc.)
- Office support
- Growing Grounds Downtown
- Growing Grounds Farm
- TMHA program with direct client service
- Other (please describe) _____

List names of any friends or relatives working for TMHA: _____

Education, Training and Employment

Education: (circle highest degree) High School Diploma AA/AS BA/BS

Advanced Degree (please identify) _____ Other (please identify) _____

Specialized Skills/Courses/Training: _____

Do you speak and understand a language in addition to English? YES NO

If so, which one(s) and how fluently? _____

Are you literate in the language? _____

Employment (circle one): Employed Self-employed Unemployed Student Retired

If employed:

Company: _____ Occupation: _____

Supervisor _____ Phone Number _____

Length of Employment _____

Prior employment:

Company: _____ Occupation: _____

Supervisor _____ Phone Number _____

Reason for leaving _____

Other current/prior Volunteer experience:

Organization _____

Position/Activities _____

How long did you volunteer? _____

Special interests, skills and hobbies: _____

Please check **all** special skills you would be willing to use in your volunteer work with us:

Clerical Legal Public Speaking Fundraising Public Relations

Graphics Recruitment Writing Event Planning Data Entry Salesperson

Other _____

Briefly state why you wish to volunteer at TMHA: _____

Are you volunteering as a condition of a court order? Yes No

Do you have any pending indictments or previous convictions for a criminal offense? Yes No
(felony or misdemeanor)

If yes, state the nature of the crime(s), when and where convicted and disposition of the case. _____

The following questions are a requirement of our agency insurance company for those volunteers that will be driving: (Note: This portion may be left incomplete if you will not be driving.)

Do you have a valid California Driver's License? Yes No

Do you have a minimum of two years driving experience Yes No

Do you have more than 3 moving violations in the past 3 years? Yes No

If yes, please explain: _____

Have you been involved in more than 2 accidents in the past 3 years? Yes No

If yes, please explain: _____

Please list all major violations on your driving record within the last 5 years. (Some examples include: DUI, suspended license, reckless driving, driving without insurance, exhibition of speed, unlicensed driver)

References: Please provide names of people who personally know your character. Not a relative, spouse, or significant other.

#1 Name _____ Phone _____

How long known? _____ Relationship _____

Does this person know that you are planning to volunteer? Yes No

#2 Name _____ Phone _____

How long known? _____ Relationship _____

Does this person know that you are planning to volunteer? Yes No

Volunteer Applicant Signature

Date