

**2018 NAMI Vermont Volunteer Form**

NAMI Vermont is a ***grassroots organization*** that relies heavily on support from people like you! Please complete this form in its entirety and let us know which types of volunteer activities would most be of interest to you. We will contact you soon to review the process for volunteering with NAMI Vermont. We ***sincerely appreciate*** your interest in being an active volunteer with NAMI Vermont!

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| **Date** | **Name (First, Last)** |
| **Daytime Phone Number** | **Alternate Phone Number** |
| **Email Address** | **Preferred Method of Contact**  ❑ Email ❑ Daytime Phone ❑ Alternate Phone |
| **Mailing Address (Street/PO Box/Apt #)** | **Mailing Address (City, State, Zip)** |
| **How did you learn about NAMI Vermont?**  *(please check ALL that apply)*  ❑ Newspaper ❑ Workplace ❑ Mailing ❑ Word of Mouth  ❑ Healthcare Provider ❑ Poster ❑ Website ❑ Social Media  ❑ NAMI National ❑ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Did a NAMI Vermont member refer you?** *(If so, please include his/her name so we can say thanks!)* | |
| **How would you like to be involved with NAMI Vermont?** *(please check ALL that apply)* | |
| * ***SHARE YOUR STORY…*** Everyone has a story to tell and we’d love to hear yours! | |
| * ***SUPPORT NAMI MINDWALK…*** Participate in the walk, form a team, get pledges, or help on the day of the event. | |
| * ***HOST A LOCAL FUNDRAISER…*** Organize a yard sale, host a fundraising night at a local restaurant, or celebrate a birthday by raising money for NAMI VT in lieu of gifts. We can offer you support. | |
| * ***PROVIDE OUTREACH & PROMOTE OUR PROGRAMS…*** Distribute educational and promotional materials throughout your community. | |
| * ***SERVE ON A COMMITTEE…*** Consider serving on one of our various committees or subcommittees. | |
| * ***BE A CHAMPION VOLUNTEER…*** Provide administrative support in the office, help out during the annual conference or business meeting, or volunteer in some other capacity. * ***SERVE AS AN ADVOCATE...*** Learn how to testify to serve as an advocate to improve the lives of those living with mental illness and their families. | |
| * ***BECOME A TEACHER/FACILITATOR…*** Complete training to lead a program, class, workshop, or support group in your community *(please see reverse side to indicate which program(s) you are most interested in leading)* | |

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| **If you selected “BECOME A TEACHER/FACILITATOR” on the front of this form, please indicate which program you are interested in becoming a trained leader in…** *(please check ALL that apply)* |
| * ***PROVIDER PROGRAM…*** A course offered to Mental Health Care Providers/Professionals during business hours (Peers, Family Members, and MH Professionals needed) |
| * ***FAMILY-TO-FAMILY CLASS…*** A 12-week class offered to family members of a loved-one with mental illness (Family Members) |
| * ***MENTAL ILLNESS & RECOVERY WORKSHOP…*** A one-day workshop offered to the general public on mental illness, recovery, and resources (Peers, Family Members, and Mental Health Professionals) |
| * ***IN OUR OWN VOICE PRESENTATION…*** A structured, 90-minute presentation on living well with mental illness (Peers) |
| * ***FAMILY SUPPORT GROUP…*** A 90-minute support group for family members of a loved-one with mental illness that meets once or twice a month (Family Members) |
| * ***CONNECTION SUPPORT GROUP…*** A 90-minute peer support group that offers encouragement, empowerment, and mutual understanding while living in recovery (Peers) |

***Form updated 04/17/2018***