

I Want to Volunteer

Name: _____ Phone: _____

Address: _____ Cell: _____

_____ Fax: _____

Email: _____

Days and hours you are available: _____

Can you come to our office sometime between 9:30 am to 2:00pm Monday-Thursday? Yes___ No ___

Check below the areas of interest to you.

Support Groups: Assist from home or our office; attend meetings as needed:

- Caregivers** for caregivers of adult consumers.
- Connection** for adult consumers.
- Parents** of minor children with a mental illness.
- Teens** for teenage consumers.

Education Courses: Assist from home or our office; attend the opening and closing classes:

- Basics** for parents of school-age children.
- Family-to-Family** for caregivers.
- Peer-to-Peer** for adult consumers.
- Provider Education** for medical providers.

Events or Fundraising: assist from your home, our office, or at the event site:

- Danny Ford Golf Classic:** summer
- Dining for NAMI:** fall
- NAMI Walks:** spring
- Grant research & application writing**
- Soliciting auction items**
- Soliciting donations and bequests**

Other Programs and Services: Assist in our office and in the community:

- Advocacy:** letters to editors or community leaders; pamphlets to doctors and therapists.
- Membership renewals and recruitment**
- Office Operations:** newsletter, telephones, research
- Prison Outreach Program:** services to detainees at the Greenville County Detention Center. SLED background check required.
- Volunteer Coordinator**
- Website design and maintenance**

Other interests: _____

If you have some special interest, education, experience, or skill that you would like to utilize or pursue, please let us know:

Date: _____

Please return this form to:

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