



Volunteer Application

Name _____

Address _____

Phone (Home) _____

Phone (Cell) _____

e-mail _____

Thank you for your interest in volunteering at Compos Mentis. Below are some questions that will help us learn about your interests, experiences and expectations so that we may match your skills and talents with our volunteer opportunities.

Please describe any volunteer or work experience that might be relevant to volunteering at Compos Mentis.

Please describe any education, training, skills or hobbies that might be relevant to your work at Compos Mentis.

Why are you interested in volunteering at Compos Mentis?

Are you a student wishing to fulfill a course requirement by volunteering at Compos Mentis? _____

If so, who will supervise your work? _____

How many hours are you required to work? _____

What do you hope to accomplish through your work at Compos Mentis?

If you have experience with people who have a mental illness please describe it.

What days are you available for volunteering? _____

Morning _____

Afternoon _____

Please list at least two people who are not relatives whom we may contact as references

Name _____

Name _____

Phone _____

Phone _____

Relationship _____

Relationship _____

If I become a volunteer, I understand that I must keep information about others in the Compos Mentis Community confidential.

Signature _____

By submitting this application I authorize Compos Mentis to make inquiries about me to the people I've listed as references.

Signature _____

Please return to: Executive Director, Compos Mentis
PO Box 58
Ithaca, NY 14851