



Idaho Federation of Families for Children's Mental Health

Volunteer Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Email _____

Emergency Contact _____ Phone _____

Your Employer _____ Position _____

Are you a parent or family member of a child or children with a mental, emotional or behavioral disorder?

_____ Yes

_____ No

Where did you hear about IDFFCMH? _____

Have you been convicted of a felony?

_____ Yes

_____ No

If Yes, please explain _____

Please list the days, times, and # of hours per week you are available to volunteer: _____

Why are you interested in volunteering for IDFFCMH? _____

Please tell us how your skills, experience or knowledge related to children's mental health can help you in this volunteer position: _____

In what areas are you interested in volunteering? (for example: computer, telephone, advocacy, fundraising, etc.) _____

To help us get to know you better, please assess your ability and/or experience in the following:
(1=Little....5=Great)

Ability to provide education and information to families	1 2 3 4
Willingness to advocate in a variety of settings	1 2 3 4
Ability to participate and facilitate trainings	1 2 3 4
Willingness to be a representative/spokesperson for IFFCMH	1 2 3 4
Knowledge of children's mental health services	1 2 3 4
Knowledge of educational rights for children with special needs	1 2 3 4
Ability to maintain confidentiality of families served	1 2 3 4
Ability to participate and facilitate support groups	1 2 3 4

What training, resources or support do you anticipate needing to do this volunteer work? _____

Please provide two personal or professional references:

Name	Contact Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

We are seeking to establish a network of support for families in your area of children and youth with emotional, behavioral or mental disorders. Would like to be part of this network?

_____Yes

_____No

Are you willing to have your name and contact information released to other families?

_____Yes

_____No

I understand that the IFFCMH conducts background checks on all volunteers. I hereby attest that the above information is true to the best of my knowledge.

Signature

Today's Date