

Resource Navigator Volunteer Application

Please print

Name _____

Address _____

City _____ Zip _____

Contact Phone _____ Email _____

Would you prefer Resource Navigating from:

- Phone support (from home or NAMI Arizona office)
- Clinic based (at a desk assisting walk-ins)

When would you be available to start?

____/____/____

Please choose days and times you're available (between 9am-5pm, 4 hr shifts)

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

Do you have experience with computers? (not required)

- Yes
- No

Do you have an internet connection at your place of residence?

- Yes
- No

If you chose to volunteer at the NAMI Arizona office or clinic, do you have transportation?

- No
- Yes

Please return this application to Jennifer Beaudoin at:

NAMI Arizona
5025 E. Washington St., Ste 112
Phoenix, AZ 85034