

Sutton Place Behavioral Health Volunteer Application

Date: _____

Name: _____

Address: _____

Social Security Number: _____ Birthday: (mm/yy) _____ / _____

Current Employer: _____

Employment Phone Number: _____

Employment Experience: _____

Interests, Skills, Hobbies: _____

Education:
(Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Highest Degree Earned: _____

Field of Study: _____

Special Training: _____

Volunteer Experience: _____

Have you ever been convicted of a felony? _____ Yes _____ No

If Yes, Explain: _____

Personal References:

Name

Address

Phone Number

Name

Address

Phone Number

Name

Address

Phone Number

Why do you want to volunteer at this time? _____

Why do you want to volunteer in the behavioral healthcare field? _____

What kind of rewards or “pay” do you hope to gain from this experience? _____

Would you be willing to attend an orientation and training program? _____

Would you be willing to attend meetings with other volunteers? _____

What areas are you interested in volunteering? _____