ALASKA
BEHAVIORAL
HEALTH

Volunteer Application

Applicant Information

Full Name: ____ Date: ______________

Last *First* *M.I.*

Address: ____

Street Address *Apartment/Unit #*

____

City *State* *ZIP Code*

Phone: ____________________________ Email ____________________________

Availability: Start Date ______ End Date: ______________

Days of the Week/Times: ____

Interest in ACMHS

What do you hope to accomplish by volunteering at Alaska Behavioral Health?

References

Please list two references.

Full Name: ______________________________ Relationship: ______________

Company: ______________________________ Phone: ______________

Address: ____

Full Name: ______________________________ Relationship: ______________

Company: ______________________________ Phone: ______________

Address: ____

Qualifications / Previous Experience

Education

High School: ______________________________

College: ______________________________

Work/Volunteer Experience

Company: ______________________________ Phone: ______________

Address: ______________________________ Supervisor: ______________

Responsibilities: ______________________________

From: ____________ To: ____________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______________________________ Phone: ______________

Address: ______________________________ Supervisor: ______________

Responsibilities: ______________________________

From: ____________ To: ____________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______________________________ Phone: ______________

Address: ______________________________ Supervisor: ______________

Responsibilities: ______________________________

From: ____________ To: ____________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: ______________________________ Date: ______________