

FACTR Volunteer Application

Thank you for your interest in volunteering with FACTR. All volunteers play a vital role in the community. All applications will be reviewed with consideration of current volunteer opportunities. Your completed form will be held with confidentiality.

Contact Information

First Name: _____ Last Name: _____
Address: _____ City/State/ZIP code: _____
Date of Birth: _____
Email: _____
Phone: _____

Volunteer Position

What position are you interested in?

Have you performed any volunteering previously? YES NO

If yes, where and what type of volunteer did you perform?

Why are you interested in volunteering with FACTR?

Background

Highest Level of Education: _____
Current Occupation: _____
Languages you speak: _____
Achievements/Certifications: _____

Areas of Interest

Administration		Grant Writer		Translator/Editor	
Finance		Copywriter		Graphic Designer	
Fundraising		Web development		Project Manager	
Clinic Operations Management		Newsletter		Forensic Mental Health Librarian	
Public Information Officer		Training and Research Director		Editor for forensic mental health reports	
Mental Health Program specialists		Psychoeducator		Clinical Supervisor	
Art Director		Family Story Book Collector/Counselor		Marketing Specialist	
Language Interpreter for Clinical Interviews					

If you would like to help in other area, please explain the field of interest.

Availability

How many hours will you be available to volunteer per week?

1-5	
5-10	
11-15	
15-20	

Would you desire to volunteer remotely? YES NO

Volunteer Signature _____

Date _____