

Volunteer Information Form

Name _____

Phone _____

Email _____

Mailing Address _____

Emergency Contact Name (relation to you) & Phone #

Volunteer Opportunities – Interest

Indicate each option below that you have interest in:

Fundraising (making asks, grant writing, etc.)	
Policy & Advocacy Issues	
Sharing your story with others	
Become a trained In Our Own Voice (IOOV) Presenter	
Become a trained NAMI Class Leader	
Become a trained NAMI Support Group Facilitator	
Deliver brochures to community partners	
Speak to groups about NAMI	
Attend/staff events & information tables	
Help plan & produce events	
Other (please specify):	

Send completed forms to office@NAMItulsa.org