



COMMUNITY MENTAL HEALTH AUTHORITY  
CLINTON - EATON - INDIAN

## VOLUNTEER INFORMATION SHEET

Identification #: _____ Activity Title: _____			
Last Name		First	Initial
Address			
City	State	Zip	Phone

Education - Please indicate education level			
Please Check		Area of Study	School
	High School Graduate/GED		
	Trade School		
	Some College		
	Associates Degree		
	Bachelor's Degree		
	Master's Degree		
	Doctorate Degree		
Please list any related volunteer or work experience and skills you feel would be beneficial to Community Mental Health Authority volunteer activity.			

In Case of Emergency, Contact:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

I certify that all statements made on this form are true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date