

VOLUNTEER PROGRAMS 2009

CLERICAL / OFFICE ASSISTANT: Volunteers assist us with office help, including mailings, answering phones, organizing files, making phone calls, creating documents in various computer applications (Word and Excel), and many other office tasks. Whether you have office experience or not, we could use your help, either on a weekly or as-needed basis.

FAMILY-TO-FAMILY COURSE: Learn to teach this 12-week course that reviews aspects of mental illness, support, coping, medication and treatment, and navigating the mental health system. (*Family members only.*)

HELPLINE: Provide support, information and referrals to consumers, family members, and mental health professionals about services for those who struggle with mental health recovery, and their loved ones. This “warm line” operates **Monday through Thursday, 12:00 p.m. to 7:00 p.m. (Friday until 6:00 p.m.)**

LIBRARY ASSISTANT: Assist us with managing our collection of books, periodicals, and videotapes on mental health and mental illnesses. We need volunteers with computer and organizational skills who can work in the library on a regular basis to catalogue and organize library materials, and help develop the library’s collection.

MENTAL HEALTH UPDATE: Here is your chance to help produce a television show. “Mental Health Update,” our bi-weekly cable TV show, is entirely produced by NAMI-NYC Metro volunteers. Our producer needs help booking guests, selecting topics, and assisting in the production of the show. Volunteers will be trained in television production.

SPEAKER’S BUREAU & OUTREACH: Mental health consumers and family members speak at schools, hospitals, community mental health agencies, professional programs, and other social service organizations about NAMI and mental health issues. Related activities are distributing literature at relevant meetings, conferences and community events. Asian language and Spanish speaking volunteers desired. Volunteers must be involved with NAMI NYC Metro for at least six months, demonstrate excellent communication skills, a strong grasp of NAMI’s philosophy and mission, and a comfort in discussing their personal experience.

PEER-TO-PEER COURSE: Learn to teach this 9-week experiential learning program for individuals who struggle with a persistent mental illness and who are interested in wellness and recovery. (*Mental health consumers only.*)

SUPPORT GROUP FACILITATOR: Become a peer support group leader and provide support, education, and practical knowledge to other consumers and family members. Groups meet weekly, bi-weekly, or monthly throughout New York City.

SUPPORT PARENTS: For parents of adolescents or young adults under 25. Experienced parents provide a small amount of telephone support to parents whose children have been recently diagnosed or who are struggling with new challenges. This commitment is approximately six hours a month and is done from home.

IN OUR OWN VOICE (IOOV): For mental health consumers only. Develop your public speaking skills and share your personal experience of recovery from mental illness to decrease stigma and increase public awareness about mental illness. IOOV is a structured outreach presentation with which you can become a role model for hope and recovery for other mental health consumers in the community. The presentation puts a human face to mental illness and is also used to provide insight into the consumer experience of recovery for mental health professionals, students, and family members.

Please tell us what skills you have to offer:

Computer Skills (Word, Access, Excel, Internet, etc.): _____

Languages and Level of Fluency: _____

Fundraising (proposal research and writing): _____

Mailings (copying, stuffing, posting): _____

Special Event Planning, Organizing: _____

Writing, Editing or Proofreading: _____

Phones (making calls, answering office line): _____

Other: _____

Please indicate your level of education:

some high school high school grad/GED some college college graduate masters, PhD

Please indicate any of your specific interests/hobbies or membership to any associations, civic groups, and organizations: _____

Please indicate if you have attended any special trainings/workshops, or participated in any internships or volunteer work in the past: _____

Are you presently employed? If yes, who is your employer? _____

NAMI-NYC Metro is a grassroots, peer-run support, education and advocacy organization. Therefore, the bulk of our services and programs are run by family members and mental health consumers for other family members and mental health consumers. Our mission as an organization necessitates that most of our volunteer positions are filled by people with some personal experience with mental health issues, serious emotional (or behavioral) disorders (SEDs in children), or brain disorders. In addition, as volunteers you will often be dealing with highly emotional and sensitive information, and therefore NAMI-NYC Metro requires that you have had some form of personal support before and during the duration of your volunteer work with us.

Are you the family member of a loved one with a serious emotional or behavioral disorder or a mental illness? If yes, please indicate your relationship to this person. _____

Are you a consumer of mental health services? _____

How would you describe your personal support system (talk and/or psychopharmacological therapy, support of family, friends, colleagues, support group, etc)? _____

Are you a member of NAMI-NYC Metro? _____. If no, would you become a member? _____.

Have you ever used any of NAMI's services or attended any NAMI-sponsored events? If yes, which ones?

How did you first learn of NAMI? _____

Have you ever performed volunteer work? If so, where and for how long? _____

What is your motivation to do volunteer work at this time? _____

Please describe what attracted you to volunteering at NAMI-NYC Metro? _____

What do you hope to gain from volunteering at NAMI-NYC Metro? _____

References: Please provide us with two references who can speak to your general character and skill level pertaining to the positions you are applying for. References should be non-relatives, and at least one should be a supervisor of either employment, an internship, a volunteer position, or academic study. Clinical staff, such as a therapist, social worker, or psychiatrist may be used as well. We will provide you with a one-page reference form to have them complete and return to us.

1. _____
Name Relationship Home/Work/Cellular Phones Email

2. _____
Name Relationship Home/Work/Cellular Phones Email

I declare that all of the information presented above, as well as on any attached sheets are true, correct, and complete to the best of my knowledge.

Signature: _____

Date: ___/___/___

Volunteer Programs 2009 Application Process

NAMI NYC Metro Volunteer programs are reserved primarily for family members, mental health consumers and friends. However, we do welcome applications from anyone who supports the mission and goals of NAMI.

Applications are reviewed on a rotating basis throughout the year. Please note that incomplete applications will not be considered. Please:

- **Complete the volunteer application, and make sure to date and sign it.**
- **Send in the application to the attention of: Services Coordinator at our NAMI-NYC Metro office via email or regular mail.**
- **We depend upon the dedication of volunteers to keep the organization running; however, due to a large number of applicants we are only able to accept those applicants whose skills are currently needed. If there is no current need, you will be contacted by letter.**
- **If you are called for an interview, you will be interviewed by a staff member.**
- **After your interview you will be notified if you are accepted for a volunteer position.**
- **New Volunteer Orientations will be provided by staff either individually or in groups as necessary.**

***Car fare may be provided to mental health consumers on a fixed income.**

For more information on NAMI-NYC Metro, please contact our Helpline at (212) 684-3264, or go to our website for a description of our programs, services and volunteer opportunities www.naminycmetro.org.

**PLEASE RETURN COMPLETED FORM (with RESUME & COVER LETTER if available) TO:
NAMI-NYC Metro, Attn: Services Coordinator, 505 Eighth Avenue, Suite 1103, New York, NY 10018; Phone: (212) 684-3365, FAX: (212) 684-3364; email: volunteer@naminyc.org**