



***SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INC.***

6842 VAN NUYS BLVD., 6th FLOOR, VAN NUYS, CA 91405

PHONE: 818-901-4830 FAX: 818-786-9119

Thank you for your interest in volunteering at the San Fernando Valley Community Mental Health Center, Inc. Before you fill out the following application, please take some time to familiarize yourself with the Center and its services by browsing our web page.

**Facts About The Center:**

The San Fernando Valley Community Mental Health Center, Inc. is a 501(c)(3) tax-exempt charity organization was incorporated in 1970 with the express purpose of helping those with severe and persistent mental illness who otherwise would go without services. Today, the Center has grown to 31 individual programs and 19 different clinic locations in the San Fernando and Antelope Valleys. Annually, the Center serves more than 15,000 children, families, adults and seniors. We also offer a complete continuum of services for homeless adults with mental illness such as counseling, medication support, housing and benefits counseling.

There are a wide variety of volunteer possibilities—anything from light filing and clerical work, to tutoring, teaching classes in computers, art, etc. As always, you have control over your volunteer time. You can volunteer as much time as you like.

**Instructions:**

- Complete the following application. Print and fill out the application below.
- If you have a resume, please include it along with your volunteer application.
- Mail your completed application to:  
**Volunteer Coordinator**  
**SFVCMHC, Inc.**  
**6842 Van Nuys Blvd., 6th Floor**  
**Van Nuys, CA 91405**
- Once your application is received at our offices, it will be distributed to all of our Program Managers.
- If the Program Managers have volunteer needs, someone from the Center will contact you to set up an interview.

Once again, thank you for your interest in volunteering at the Center!



**Work Experience\*:** (Begin with most recent. List all paid and volunteer experience relative to the position for which you are applying. Attach additional sheets if necessary.)

Name & Address of Employer: _____ _____ _____ Position: _____ Dates: From _____ To _____	Duties:
Name & Address of Employer: _____ _____ _____ Position: _____ Dates: From _____ To _____	Duties:
Name & Address of Employer: _____ _____ _____ Position: _____ Dates: From _____ To _____	Duties:

\*If no past work experience, describe interest in volunteer work on bottom of page (attach additional sheet if necessary).

**Emergency Contact:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name Phone