



Colorado Mental Wellness Network Internship Application

Please answer all items, or mark N/A if not applicable to you. Type or write legibly, use additional paper if necessary. Please feel free to reformat as needed to include all information requested.

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

How did you hear about us? _____

How do you prefer to be contacted? Phone E-mail

Emergency Contact Name: _____

Relationship to you: _____ Phone number(s) _____

Past Volunteer or Internship Experience (include organization/agency, position, and supervisor phone/e-mail)

What skills or abilities do you possess (computer, public speaking, project management etc...)?

What are your hobbies, and interests?



What interested you most about the Colorado Mental Wellness Network?

How would you like to help this organization (newsletter, office, advocacy, outreach, workshops)?

Why are you interested in the mental health field (i.e., personal experience, professional, etc)?

Education (College, Vocational, Continuing Education, etc.)

Also list specialized trainings you have attended:

School	Date	Location	Degree/Certificate

Desired Schedule (Select which days you are available and indicate best times of day):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Morning (9a.m. to noon)
- Afternoon (noon to 4 p.m.)
- Evening (4 p.m. to 8 p.m.)

Frequency of Internship availability (e.g., weekly, semiweekly, monthly): _____



References: Give the name, address and phone/e-mail of three non-family members who can provide references on your ability to perform this volunteer position.

1. _____
2. _____
3. _____

Anything else you would like us to know:

I hereby authorize Colorado Mental Wellness Network to verify any of the information above. The information provided in this Volunteer Application is true, accurate and complete. At any time, either party can end this relationship for any reason with written notice. I also understand that I may be required to undergo a background check if my volunteer work involves minors or other vulnerable populations. (This will be discussed with you individually and doesn't necessarily disqualify you from volunteer work).

SIGNATURE: _____ **DATE:** _____

PLEASE ATTACH YOUR RESUME AND RETURN TO: KRISTEN OLDAKER, PROGRAM COORDINATOR

Colorado Mental Wellness Network

E-mail: kristen@cmwn.org
2390 S. Downing St, Suite C
Denver, CO 80210

Phone: 720-842-9222

Thank you very much for your interest in our organization and the opportunity to give back to the recovery community! We have a very small paid staff and rely heavily on our interns and volunteers to fulfill our mission. That being said we are also sometimes scattered, overwhelmed and forgetful so feel free to follow-up if you've not heard back!