

Mental Health Association of Nebraska
1645 N Street Lincoln, NE 68508
402 441-4371

Volunteer Information Sheet

Thank you for your interest in volunteering with the Mental Health Association of Nebraska. We have found there are so many people wanting to give back; we greatly appreciate your desire to help. We are fortunate to have volunteers in several capacities.

The Majority of service is done at the Keya House. It is a 24/7 Program; however the main hours of volunteering are 4 hour shifts between 7am and 11pm. If you are interested in serving in a different area, please indicate this on the 'Interested in Volunteering' Page.

The Mental Health Association of Nebraska strives to provide an alternative support to those living with mental health and/or substance abuse issues. We believe using our own experience with these issues can benefit someone else's recovery and that we can be a support in their journey.

There are times when we cannot accept any more volunteers, but we will keep your information on file for the future. You are welcome to call the Volunteer Coordinator if you have any further questions or comments.

If you would like more information on MHA-NE's different programs, please visit www.mha-ne.org.

Again, thank you for your interest in serving with the Mental Health Association of Nebraska.

Ashley Wilksen
Keya House Coordinator
Mental Health Association of Nebraska
awilksen@mha-ne.org
402 261-5959

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(402) 441-4371
Admin use only

Date received:

Date Contacted:

Interested in Volunteering?

Name _____
First Last (Please Print) Birth date

Address _____

Phone _____ Email _____

Best time to contact you? _____

How did you hear about MHA-NE? _____

What area(s) are you most interested in volunteering in? _____

Do you have personal/professional experience in the mental health/substance use field? If yes, please describe: _____

Do you have access to reliable transportation? YES NO

Would you be most interested in (circle any that apply): Weekdays Weekends
 Mornings Evenings Overnights

Are you currently employed? YES NO If yes, where? _____

Any additional comments or information you feel we should know? _____

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Please be aware that we require background checks of all Mental Health Association of Nebraska volunteers. We understand that legal troubles can come along with our lived experiences with mental health/substance abuse issues; because of this, we are willing and able to be flexible with certain charges.

I have provided current and accurate information to the best of my ability:

Signature

Date

Please return fully complete forms to:

Keya House 2817 S 14th street Lincoln, NE 68508 *you must call first (402) 261-5959

OR

Region V Systems Building, Mental Health Assoc. of NE 1645 N Street Lincoln, NE 68508

If you have any further questions, please contact Ashley at the Keya House. Thank you again for your interest in joining the Mental Health Association of Nebraska team as a volunteer.