



9719 Lincoln Village Drive Ste 503, Sacramento, CA 95827-3331

[www.mhanca.org](http://www.mhanca.org)

President of the Board - Richard Ikeda, MD • Executive Director - Susan Gallagher

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## **WE WANT TO HEAR FROM YOU**

Mental Health Matters Video Productions is a project of Mental Health America of Northern California, and is funded through Sacramento County Department of Behavioral Services and the Mental Health Services Act. It is a television program used as a vehicle for confronting stigma and discrimination by educating the community around mental health programs and issues with an emphasis on prevention and early intervention.

MHANCA is interested in hearing from you. At this time we are inviting the public and local providers to offer topics or to request your agency to be highlighted on future shows.

Also, if you are a client or family member and would like to become a member of the Mental Health Matters Production Crew please fill out the attached volunteer application. This is a wonderful opportunity to learn the ins and outs of television production from lighting, sound, editing and video production.

Our first orientation meeting will be held on Monday, August 9 at 3-4:30 pm. Meeting location will be at 4623 T Street, Sacramento, CA 95819. The studio is located in the southwest corner of building with an ACCESS Sacramento sign on the door.

We look forward to hearing from you.

Sincerely,

Marilyn Hillerman  
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Mental Health America of Northern California  
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Cc: Susan Gallagher, Executive Director MHANC  
Marilyn Hillerman, Program Coordinator MHM



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**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City,Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

Where did you hear about volunteer opportunities for M.H.A.? \_\_\_\_\_  
\_\_\_\_\_

Do you have experience with volunteer work? If so, when and where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you be interested in volunteering for M.H.A.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The highest level of schooling completed: \_\_\_\_\_

Any special schooling or training: \_\_\_\_\_

Do you have transportation ? \_\_\_\_\_ Do you have a valid driver's license? \_\_\_\_\_

If you have an automobile, do you have insurance? \_\_\_\_\_

Have you ever been arrested or convicted of any criminal charges (your information remains confidential)? \_\_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Describe your typical day: \_\_\_\_\_  
\_\_\_\_\_

Days and hours in which you are available to volunteer: \_\_\_\_\_

Please indicate which areas of interest you would like to volunteer and be a part of:

**SENIOR SERVICES PROGRAM**

\_\_\_\_\_ Senior Peer Counseling

**FAMILY/YOUTH ADVOCACY**

\_\_\_\_\_ Youth Program

\_\_\_\_\_ SAFE Program (Family Youth Advocacy)

**ADULT ADVOCACY**

\_\_\_\_\_ Speaker's Bureau/Administrative

\_\_\_\_\_ Speaker's Bureau/Speaker

\_\_\_\_\_ Depression Programs/Seminars

\_\_\_\_\_ Health Fairs

\_\_\_\_\_ Information & Referral

\_\_\_\_\_ Public Affairs

\_\_\_\_\_ Self-Help Facilitation

**SELF HELP PROGRAMS**

\_\_\_\_\_ Self Help Directory

**OFFICE VOLUNTEERING**

\_\_\_\_\_ Clerical

\_\_\_\_\_ Receptionist

\_\_\_\_\_ Computers/Typing

**ADMINISTRATIVE**

\_\_\_\_\_ Fund Raising

\_\_\_\_\_ Membership

\_\_\_\_\_ Bellringer

**MH MATTERS**

\_\_\_\_\_ M.H. Matters Tv Show

At times, M.H.A. has a need to find people with special skills. Please let us know about any special skills or experiences you have that may be beneficial in helping us to utilize your strengths:

- \_\_\_\_\_ Arts/Graphics: \_\_\_\_\_
- \_\_\_\_\_ Clerical: \_\_\_\_\_
- \_\_\_\_\_ Typing: \_\_\_\_\_
- \_\_\_\_\_ Computer: \_\_\_\_\_
- \_\_\_\_\_ Crafts: \_\_\_\_\_
- \_\_\_\_\_ Finance: \_\_\_\_\_
- \_\_\_\_\_ Management: \_\_\_\_\_
- \_\_\_\_\_ Public Speaking: \_\_\_\_\_
- \_\_\_\_\_ Foreign Language: \_\_\_\_\_
- \_\_\_\_\_ Sports: \_\_\_\_\_
- \_\_\_\_\_ Writing: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

**Volunteer Application Page 3**  
**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Person conducting interview: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

**Placement Plan :**

Recommended for \_\_\_\_\_ For \_\_\_\_\_ training

Recommended for \_\_\_\_\_ For \_\_\_\_\_ training

Recommended for \_\_\_\_\_ For \_\_\_\_\_ training

**Training Completed**

Program \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Program \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Program \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

**EXIT**

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Exit Interview Coordinator : \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Duration of Services : \_\_\_\_\_

Evaluations: \_\_\_\_\_

Special Achievements, Awards, etc \_\_\_\_\_