

# Parent Advocacy Connection (PAC)

NAMI Ohio

747 E. Broad St., Columbus OH 43205

Voice: 614-224-2700 or 800-686-2646 TTY: 866-924-1478 FAX: 614-224-5400

Employment/Volunteer Application

[amiohio@amiohio.org](mailto:amiohio@amiohio.org)

Date: \_\_\_\_\_ Position:  Volunteer County Advocate  Regional Parent Coordinator

\_\_\_\_\_  
Last Name First Name Middle Name Social Security Number

\_\_\_\_\_  
Street Address City State Zip County

\_\_\_\_\_  
Phone Fax Email

- I am able to work from my home  I am able to travel and work in my community
- Yes Have you ever been convicted of a felony? (Do not include convictions that have been sealed, expunged or statutorily eradicated)  Yes Can you, after employment, submit verification or your identity and legal right to work in the United States? \_\_\_\_\_  
 No  No If you are not a US citizen, what is your VISA status?

## What prompted or interested you in becoming a parent advocate?

## Skills—check those in which you feel comfortable with

- Group Leadership  Basic Computer Skills  Good Organization  
 Volunteer Coordination  Good Communication Skills  Independent Worker  
 Knowledge of Behavior Health  Relate Easily to Others  Mediation Skills  
 Knowledge of Child Serving Systems

## Indicate your ability to work at home by checking the equipment you have access to:

- Home Office  Copy Machine  Publishing Software (type: \_\_\_\_\_)  
 Computer  Long Distance Calling  Database/Spreadsheet Software (type: \_\_\_\_\_)  
 Fax Machine  Three Way Calling  Cellular Phone (number: \_\_\_\_\_)  
 Internet Access

## Education and Training

	High School	Advanced Training	College/University
Name			
Location			
Dates Attended			
Major			
Degree			

## Life Experience

- Parent of Multi-Need Child  Work in Behavior Health Agency  Advocate in My Local Community  
 Adoptive or Foster Parent  Work in Community Organization  Worker in Non-Profit Agency  
 Kinship Parent  Advocate at State Level  Board Member of Non-Profit Agency  
 K-12 Educator  Serve/Have Served on Family and Children First Council (dates: \_\_\_\_\_)  
 Other: \_\_\_\_\_

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## Employment Application, Page 2

### Work Experience

	Present/Most Recent Employer	Previous Employer
Company		
Address		
Supervisor's Name		
Phone		
May We Contact?		
Your Job Title		
Dates Employed		
Reason for Leaving		

### Additional Information/Qualifications

Please briefly indicate how your life experience, work experience or other information qualifies you to serve in the role of a parent advocate for a family in need: \_\_\_\_\_

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### References

	Work/Education Reference 1	Work/Education Reference 2	Work/Education Reference 3
Name			
Address			
Phone			
Relationship			

Please list any relatives serving on the Board of Directors or staff of any of the following: NAMI Ohio, Ohio Federation for Children's Mental Health, Ohio Family Care Association or the Ohio Citizen Advocates for Chemical Dependency Prevention & Treatment

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

- I understand that employment is dependent upon receiving a background check through the Bureau of Criminal Identification and Investigation indicating any arrest and conviction data. (cost of the background check will be reimbursed upon submission of a receipt)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date