

Mahoning County LOSS/DOSS team

Volunteer Interest Form

First and Last Name _____

Street Address _____

City _____ State _____ Zip _____

Best Contact Phone Number: _____ Is this a cell phone number: Yes or No _____

E-Mail _____

Preferred way to contact you? ___ Cell phone ___ Home phone ___ E-mail

Why are you interested in volunteering with Mahoning County LOSS or Mahoning County DOSS team(s)?

Check any of the following that describe you and your relationship to suicide, overdose and mental health:

- Survivor of a suicide loss Relationship _____ Month /Year _____
- Survivor of overdose loss Relationship _____ Month/Year _____

- Mental Health or Addiction Treatment Professional
- Peer Recovery Supporter
- Clergy / Faith Based Support
- Other _____

How did you hear about LOSS/DOSS?

Your signature _____ Date _____

Please send this form to: Lee DeVita at lee.devita@mahoningcountyoh.gov or mail to:
Mahoning County Mental Health & Recovery Board, 222 West Federal Street, Suite 201, Youngstown, OH 44503

Applying does not automatically qualify you to be an active volunteer with Mahoning County LOSS/DOSS Team- you MUST complete an interview with the Team Coordinator and attend the appropriate training to participate in a volunteer role.

Thank you for interest and support of the LOSS/DOSS Team!