

## **AMALA VOLUNTEER APPLICATION**

### **AMALA Hopeline Mission**

The Amala Hopeline aims to provide an accessible means of completely confidential, culturally competent peer counselling and resource referral for Muslim Youth.

### **Position Descriptions**

*Note: This application is for individuals that would like to help with AMALA in the areas of marketing, database building, or team management. If you are interested in peer counseling, please refer to our Peer Counselor Application.*

**Marketing:** Individuals can assist in spreading the word regarding AMALA services, campaigns, giveaways, etc. We are looking for creative individuals that can help with videography, graphic design, networking, and/or social media management.

*Skills/Experience Required:* Preferred videography and graphic design experience, strong networking skills, communication skills, marketing campaign experience

**Database Building/Research:** This team will initially focus on building a database of resources for counselors to use when they make referrals. This will involve seeking out resources, obtaining information on services provided by those resources, calling these services and notifying them of AMALA, and organizing all information. Once a well established database is collected, this team will also focus on hotline evaluations, research on mental health and needs of the community.

*Skills/Experience Required:* detail oriented, strong research and analytical skills, well-organized, computer proficiency

### **Position Qualifications**

1. Must be able to dedicate 4 hours of volunteer work a week for a minimum of a year.
2. The individual should have an interest in mental health, and a general idea of which mental health issues are existent in the Muslim youth community.
3. The individual should have skills and experience conducive to the position they are specifically applying for.





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Organization \_\_\_\_\_ Position \_\_\_\_\_

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Supervisor Name \_\_\_\_\_ Supervisor Contact (Email or Number)

**3** \_\_\_\_\_ Or

Organization \_\_\_\_\_ Position \_\_\_\_\_

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om (month/year) \_\_\_\_\_ To (month/year)

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Supervisor Name \_\_\_\_\_ Supervisor Contact (Email or Number)

**List any education/training you have:**

Institution	Degree/Certification	Date Attended
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