



## **VOLUNTEER/STUDENT INTERN APPLICATION**

**Please print all information requested except Signature**

**NAME** \_\_\_\_\_

**PROGRAM** \_\_\_\_\_

**TODAY'S DATE** \_\_\_\_\_

**SECTION 1: PERSONAL INFORMATION**

Name (Last, First, MI)

Other Names Used in the Past

Street Address

City

State

Zip Code

Home Telephone Number

Office Telephone Number

Social Security Number

E-mail Address

**SECTION 2: GENERAL INFORMATION**

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated \_\_\_\_\_

Are you fluent in any foreign languages? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", indicate language(s):

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe any personal or employment constraints that may restrict your time:

Do you have a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

License Plate Number \_\_\_\_\_

Why do you wish to participate as a volunteer for this program?

Describe your interests and hobbies.

What would you like us to know about you that has not been covered by the above questions?

**SECTION 3: OTHER INFORMATION**

Have you ever been convicted of any crime (felony, misdemeanor, violation)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge (felony, misdemeanor or violation)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you now under charges for any crime (felony, misdemeanor or violation)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answer "Yes" to any of the questions above, you may give specifics on an attached sheet. If you choose not to provide specifics, or if such explanation is insufficient, a confidential investigation supplement may be sent to you.

**SECTION 4: EMPLOYMENT RECORD (Complete or attach a current resume)**

Current Employer

<b>From:</b> (Month & Year)	<b>To:</b> (Month & Year)	<b>Title:</b>	
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Organization Name:	Your duties and responsibilities:
Telephone Number:	
Address:	
City:                      State:                      Zip Code:	
Can you receive telephone calls at work? _____ Yes _____ No	

**SECTION 5: EDUCATION AND PROFESSIONAL RECORD (Complete or attach a current resume)**

<b>Name and Address of School</b>	<b>From: (Month &amp; Year)</b>	<b>To: (Month &amp; Year)</b>	<b>Area of Study</b>	<b>Degree (Type)</b>
<b>High School</b>				
<b>Vocational/Business</b>				
<b>College/University</b>				
<b>Graduate School</b>				
<b>Other Courses/Special Training</b>				

**SECTION 6: REFERENCES**

Please provide the names and contact information of three persons not related to you as references.

<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone Number</b>
1.			
2.			
3.			

**SECTION 7: STATEMENT/CONFIDENTIALITY AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may affect my application unfavorably.

I authorize the Mental Health Association of Westchester, Inc. (MHA) to check all references from current and previous employers, friends, and others.

At the Mental Health Association of Westchester County, Inc., (MHA), we handle a significant amount of sensitive information. This includes private information regarding recipients of our services and their families, our own staff, and MHA business and finances.

All recipient, staff and MHA information must be treated with the utmost respect and confidentiality. Information may only be shared on a "need-to-know" basis within the scope of the job responsibilities of each staff member, consultant, volunteer and member of the Board of Directors unless there is an MHA Release of Information Form properly signed and witnessed in which the service recipient gives permission to share his/her information.

No one may be given information or even an acknowledgement of participation in the program without prior written client consent. Discussion of Agency work or clients with family and friends represents a definite breach of confidentiality. Discussion of Agency business in public places, even with others volunteers or staff, is also a breach of confidentiality.

MHA business or financial information may only be shared with outside sources for business-related purposes with the authorization of the Executive Director, the Chief Financial Officer or an Associate Executive Director.

Respecting confidentiality is an important part of providing high quality services and a comfortable working environment for our staff. Given the seriousness with which we view confidentiality, anyone who violates this policy will be subject to disciplinary action up to and including termination.

### **CONFIDENTIALITY AGREEMENT**

I understand the Mental Health Association's policy of confidentiality and agree to respect the confidentiality of all information, which I gain either directly or indirectly in my work with the Mental Health Association.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**SECTION 8: NOTICE OF SOCIAL SERVICES LAW 424-a PROCEDURES**

**Please read this carefully. It may impact your provision of services with the Mental Health Association of Westchester, Inc.**

Recent changes in the laws of New York State regarding the treatment of children make it important for you to have the following information, given your capacity as a valued volunteer of this agency, or as an applicant. Section 424-a of the New York State Central Register of Child Abuse and Maltreatment requires this agency to inquire whether agency personnel, including volunteers, have any record of child abuse or maltreatment. A form will be provided to you asking for information, which will serve as the basis for this inquiry.

If the result of an inquiry shows that you are the subject of an indicated report of child abuse or maltreatment, the State Central Register would notify you of this. This agency would also be advised of the findings. The matter will be treated in a confidential manner. You will be asked to provide details of the situation, and a mutual agreement may need to be reached regarding future service with the agency or acceptance as a volunteer. Details of an appeal process will also be provided.

It is our hope that you understand that this agency places great value on volunteer service, and the actions described here are not meant in any way to reflect upon your performance or eligibility. However, we must comply with State law in carrying out these procedures for all of our personnel.

Thank you for your understanding.

Given to: \_\_\_\_\_ By: \_\_\_\_\_  
(Applicant - Print Name) (Agency employee - Print Name)

\_\_\_\_\_  
Applicant Signature Agency employee Signature

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_



The Mental Health Association is subject to Title VII of the Civil Rights Act of 1964, Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973, and the Vietnam Era Veterans Readjustment Assistance Act of 1974. The information requested below is not sought for purposes of volunteer service decision-making but for record keeping in compliance with Federal Law.

**COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY AND ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL.** However, your cooperation will enable The Mental Health Association of Westchester, Inc. to meet its obligations. Failure to complete the information below will not adversely affect your volunteer service, or opportunity for volunteer service at MHA. If you complete this form, the information will be kept separate from your employment application.

Race/Ethnic designations used by the Federal Government do not denote scientific definitions of anthropological origins. For the purpose of this survey, an employee or applicant may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group.

Please check the appropriate category:

\_\_\_\_\_ **WHITE (not of Hispanic origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ **BLACK (not of Hispanic origin)** – All persons having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ **HISPANIC** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

\_\_\_\_\_ **ASIAN OR PACIFIC ISLANDER** – All persons having origins in any of the original peoples of The Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

\_\_\_\_\_ **AMERICAN INDIANS OR ALASKA NATIVE** – All persons having origins in any of the original peoples of North America, and who maintained cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_ **OTHER – PLEASE SPECIFY** \_\_\_\_\_

CASA Program only



Are you at least 21 years of age? _____ Yes _____ No
Check the areas with which you have had professional, volunteer, or personal experience _____ Youth at Risk _____ Juvenile System _____ Family Court _____ Child Protective Services _____ Child Welfare _____ Foster Care _____ Department of Social Services
Have you been a foster parent? _____ Yes _____ No
Were you a foster child? _____ Yes _____ No
Have you adopted children? _____ Yes _____ No
Were you adopted? _____ Yes _____ No
If you answered "Yes" to any of the above four questions, please elaborate.
Do you agree to participate in a minimum of 12 hours of ongoing training a year? _____ Yes _____ No
Will you be willing to appear in court as dictated by your case? _____ Yes _____ No
Can you commit to this program for at least one year after completing training? _____ Yes _____ No
Do you regularly take vacations for more than 2 or 3 weeks at a time? _____ Yes _____ No

**REFERENCE RELEASE FORM**

**Applicant's Authorization**

Applicant name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I consent to and authorize the release of any information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_