



MH CLINIC INTERNSHIP APPLICATION

We consider individuals for all volunteer opportunities without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Opportunities Applied For _____ Date: _____

How did you learn about us?

- Advertisement Relative Inquiry
- Employment Agency Friend S.U. School of Social Work Other

Last Name _____ First Name _____ MI _____

Address _____ Number _____ Street _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Alternate Phone Number(s) _____

Why are you interested in completing your internship with ARISE?

Best time to contact you is: _____ : _____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to do volunteer work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us? Yes No
If Yes, give dates _____

Do any of your friends or relatives work or volunteer here? Yes No

Are you currently employed? Yes No
If yes, may we contact your present employer for references? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No
Are there any criminal charges pending against you? Yes No

Have you ever been the subject of an indicated report of child abuse, neglect or maltreatment? Yes No

If yes, was it a founded case? Yes No

If yes, was your record expunged? Yes No

Please list three (3) professional or personal references that we may contact in consideration for any volunteer opportunities:

Name: _____ Phone Number: (____) _____
Address: _____

Name: _____ Phone Number: (____) _____
Address: _____

Name: _____ Phone Number: (____) _____
Address: _____

Please describe any special skills, training, or experience you may have:

ARISE MH CLINIC Intern Applicant's Statement

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a decision to utilize my volunteer services. This application to perform services as an intern shall be considered active for a period of time not to exceed twelve months.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any internship and/or volunteer relationship with this organization is of an *at will* nature, which means that the Intern / Volunteer may resign at any time and the Agency may release Intern / Volunteer at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If I am applying to volunteer with consumers with whom I will have regular and substantial unsupervised, unrestricted physical contact, I understand that I must comply with OMH regulations and provide information and sign consent forms per NYS Mental Hygiene Law Section 31.35 and NYS Executive Law Section 845-b, present photo identification, and submit to being fingerprinted. If I am to volunteer in a similar capacity with consumers under the age of 18 years, I understand that I must complete a "State Central Register Database Check" form which will be submitted to the New York State Office of Children and Family Services to determine whether I have ever been the subject of an indicated case of child abuse or maltreatment.

Because this agency provides services to clients and consumers, and subsequently bills Medicaid for services provided in an aggregate amount that exceeds \$5 million annually, each person with a conditional offer of employment, as well as each employee and intern, will be subject to periodic exclusion checks to verify that all employees have not been excluded from federal healthcare programs. An exclusion check is a search of the following databases to determine if the individual's name appears on either list:

- U. S. Department of Health and Human Services, Office of Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE) available on the website at <http://oig.hhs.gov/fraud/exclusions.html> and
- The General Services Administration (GSA)'s Excluded Parties List System available on the GSA website at <http://www.epls.gov/>.

I understand that false or misleading information given in my application or interview(s) may result in dismissal from volunteer service. I understand also that I am required to abide by the rules and regulations, policies and procedures of ARISE.

Signature of Volunteer Applicant

Date

Please Print Name

Social Security Number

Revised: 10/30/09