The Mental Health Association in Tompkins County

171 East State Street, Suite 275 ITHACA, NEW YORK 14850 (607) 273-9250

FAX: (607) 272-5343 **Web address: www.mhaedu.org**

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VOLUNTEER/INTERN APPLICATION

Type of Degree Received/Course of Study

FOR OFFICE	USE ONLY		
Date Receive	d:		
Received by:			
Conditionally	Approved:		
Conditions: OPWDD OMH	NYSOCFS DMV	CPR Other	First Aid
Not approved	:		

Dates of Attendance

PLEASE ANSWER ALL QUESTIONS FULLY AND CAREFULLY.

YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS APPLICATION FORM Print in black or blue ink. All statements are subject to verification.

1.	NAME	AND	RESIDENCE

	Last	First	MI		
	Street Address or Post Office	Box			
	City	State	Zip		
	Telephone Number:	Cell Phor	ne:		
	Email Address:				
2. SOC	CIAL SECURITY NUMBER				
3. DAT	E OF BIRTH				
4.	(a) Are you a US citizen? You like the least t		ployment in the US ⁷	? YES NO	
5. EDU	ICATION				
Have y	SCHOOL ou graduated from high scho are not a high school graduat		school equivalency	diploma? YES NO	
COLLE	GE				
Name	of College/University		City	State	-

6. EXPERIENCE Please describe any experiences you have physical and/or developmental disabilities		th indi	viduals with social, emotional, behavioral
7. LICENSES Note: Some positions require a valid Drive auto insurance coverage. You must be abl			
Do you have a valid driver's license? If yes,	YES NO Issuing State: Number:		
Do you have reliable transportation? Do you have current auto insurance? Does your auto insurance allow you to use	Expiration Date YES NO YES NO your vehicle dri		business? YES NO
8. CERTIFICATIONS Note: Some positions require current certi	fication in CPR fo	or adu	lts/children and Standard First Aid .
Do you have current CPR Adult/Child Certifi yes, Expiration date	ification?	YES	NO
Do you have current Standard First Aid Ce If yes, Expiration date		YES	NO
in adults, children and infants. Standard First Aid: Minimize the ef	nize and care for fects of shock. T t aid for cuts, sc s sprains and str	breat reat si rapes, ains.	hing, cardiac, and choking emergencies udden illnesses including poisoning, heat bruises, burns, bleeding, and injuries to
9. BACKGROUND INVESTIGATION: All paid employees and/or volunteers who	provide direct s	ervice	, will be required to undergo criminal

history background investigation, including the sex offender registry in New York and fingerprint check.

Check appropriate answer for each question. <u>All</u> questions must be answered.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work
- Did you ever resign from any employment rather than face dismissal? В. YES NO
- Have you ever been convicted of any crime (felony or misdemeanor)? YES C. NO
- Are you now facing/under charges for any crime? D.

E. Have you ever been indicated on a Child Protective Services report of child abuse or neglect? YES NO
 If you answered "YES" to any of the questions above, please give specific details:

Name	Relationship to applicant
Phone Number	Years Acquainted
Name	Relationship to applicant
Phone Number	Years Acquainted
2 PROFESSIONAL REFERENCES	
Name	Firm/Organization
Phone Number	Dates of employment
Name	Firm/Organization
Phone Number	Dates of employment
11. THIS AFFIRMATION MUST BE COMPLETE	D
I affirm that the statements made on this ap penalties of perjury.	plication (including any attached papers) are true u
SIGNATURE OF APPLICANT	