



# VOLUNTEER & INTERNSHIP SERVICES

115 E. Bethpage Rd.  
 Plainview, NY 11803  
 Program Coordinator: Justin McDannell

Phone: 516-293-1111  
 Fax: 516-719-8100  
[jmcdannell@ahrc.org](mailto:jmcdannell@ahrc.org)

## UNIVERSAL APPLICATION

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

Please check off the box that best describes the nature of your desired placement

<input type="checkbox"/> Volunteer	<input type="checkbox"/> Peer Mentor	<input type="checkbox"/> Clerical Support	<input type="checkbox"/> Community Service
<input type="checkbox"/> Internship (discipline): _____		<input type="checkbox"/> Externship (discipline): _____	

## PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security #
Address			Home Phone #
			Cell Phone #
Name of Parent/Guardian (if under 18 years of age)		Phone #	Email Address

## EDUCATION-List the school you attend or the last school attended:

Name & Location	# of years completed	Curriculum	Degree received
MIDDLE SCHOOL			
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			

## AVAILABILITY *(please note days and times that you are available)*

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

How did you hear about our agency? \_\_\_\_\_

Why are you interested in volunteering with our agency?

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL SKILLS & INTERESTS:** *(i.e., cooking, sewing, instrumental, arts, athletics, computers, etc.)*

\_\_\_\_\_

\_\_\_\_\_

Is your volunteer work fulfilling a requirement? (school, court mandated, etc.) \_\_\_ No \_\_\_ Yes  
If yes, how many hours are needed \_\_\_\_\_ Please provide the name and address to be notified  
when hours are complete:

Name	Mailing Address	Phone Number
_____	_____	_____
_____	_____	_____

Would you require any special accommodations in order to volunteer? \_\_\_ No \_\_\_ Yes  
If yes please describe what you would need:

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES (2):** *(Professional / Educational / Personal)*

NAME	COMPLETE MAILING ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
_____	_____	_____	_____
_____	_____	_____	_____

**CRIMINAL HISTORY**

Have you ever been convicted of a felony, misdemeanor, or other violation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
_____		
Are there any pending criminal charges against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
_____		

**APPLICANT'S STATEMENT:**

I certify that answers given herein are true and complete. I authorize the investigation of all statements contained in this application for placement approval. I understand that any criminal charges pending against me is an immediate disqualification for placement. I understand that I will be subjected to a criminal background check. I understand that if I misrepresent my criminal history, I will be immediately disqualified for placement. I understand that the completion of this application is not a guarantee of a placement. I understand that services delivered are not monetarily compensated.

---

# VOLUNTEER & INTERNSHIP SERVICES PROGRAM

## PARENTAL / LEGAL GUARDIAN CONSENT FORM FOR MINORS – IF APPLICABLE

Dear Parent / Legal Guardian:

Your family member has expressed an interest in volunteering / interning / externing for a community-based non-profit agency providing support services to children and adults with intellectual and other developmental disabilities. We are delighted that \_\_\_\_\_ has chosen to help bring dignity and caring to the population we serve.

Parental or legal guardian consent is required for all applicants under the age of 18. I ask that you please take a moment to review the information below and check off on the items that you give permission to. Please return this form to our office, as soon as possible.

- Permission is hereby granted to for the below named individual to deliver services as a volunteer / intern / extern.

*Pursuant to section 16.33 and 31.35 of the Mental Hygiene Law and Executive Law, section 845-b, amended by Chapter 575 of the Laws of 2004, AHRC-Nassau County Chapter is required to conduct a criminal background check of all applicants after April 1, 2005.*

- I give permission for the below named individual to be fingerprinted and/or be the subject of a criminal background check, in compliance with the law as stated above.

- Permission is granted for the release of the below named individual to have his/her Mantoux (PPD) results forwarded to the program in which services will be delivered where it will remain confidential and under lock and key.

- Permission is granted for the below named individual to have her/his photograph(s) and/or video used for purposes of publicity, education, training, fund-raising, and in any and all publications and other media without limitation or reservation.

I, \_\_\_\_\_, the parent or legal guardian of  
(Please Print Parent or Legal Guardian's Name)

\_\_\_\_\_, have read and understand all of the  
(Please Print Minor's Name)

**above statements and hereby grant permission for** \_\_\_\_\_  
(Please Print Minor's Name)

**to participate in all items indicated above.**

# VOLUNTEER & INTERNSHIP SERVICES PROGRAM

COMPLETE ONLY IF YOU ARE APPLYING FOR A STUDENT INTERNSHIP

## Student Internship & Externship Applicants

1. What university are you currently attending? \_\_\_\_\_
2. What discipline are you studying? \_\_\_\_\_
3. University address? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. University phone number: \_\_\_\_\_
5. Name of University Contact: \_\_\_\_\_
6. Contact's phone number: \_\_\_\_\_
7. How many hours are needed: \_\_\_\_\_
8. What is your anticipated start date: \_\_\_\_\_
9. When do the hours need to be completed by: \_\_\_\_\_
10. Will you need a letter upon completion? \_\_\_\_\_

If yes, who and where should the letter be made out to?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# VOLUNTEER & INTERNSHIP SERVICES PROGRAM

COMPLETE ONLY IF YOU ARE APPLYING FOR THE COMPLETION OF  
COURT-MANDATED COMMUNITY SERVICE HOURS

## Court-Mandated Community Service Applicants

1. Number of hours to be completed? \_\_\_\_\_

2. Charge: \_\_\_\_\_ Penal Code: \_\_\_\_\_

Please mark off one of the following:  Violation  Misdemeanor  Felony

3. Attorney's name: \_\_\_\_\_

4. Attorney's address: \_\_\_\_\_  
\_\_\_\_\_

5. Attorney's Contact number: \_\_\_\_\_

6. Hours are to be completed by (date): \_\_\_\_\_

7. Will you need a letter upon completion? \_\_\_\_\_

If yes, who and where should the letter be made out to?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_