



Citizens Options
Unlimited

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

UNIVERSAL APPLICATION

Date: _____

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

- Volunteer
 Peer Mentor
 Clerical Support
 Community Service
 Internship (discipline): _____
 Externship (discipline): _____

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

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

(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?

(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:

(Professional / Educational / Personal)

NAME	COMPLETE MAILING ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

Have you ever been convicted of a felony, misdemeanor, or other violation Yes No

If yes, please explain: _____

Are there any pending criminal charges against you? Yes No

If yes, please explain: _____

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

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: _____
