



## PREFERENCES AND AVAILABILITY

What is your availability or preference:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Flexible        | <input type="checkbox"/> Prefer weekdays   | <input type="checkbox"/> Prefer weekends |
| <input type="checkbox"/> Prefer mornings | <input type="checkbox"/> Prefer afternoons | <input type="checkbox"/> Prefer evenings |

How many hours per week are you available? \_\_\_\_\_

What is the duration of your internship or volunteer duty? |  Semester |  \_\_\_\_\_ Months |  Ongoing

Which programs are you interested?

### **Transitional Housing Programs**

Providing a safe and supportive environment for clients to help them achieve housing and employment goals.

### **Permanent Housing Programs**

Independent living and specialized housing facilities providing on-site supportive services for clients.

### **Administration**

- Building/Grounds
- Donations
- Clerical

### **Shelters**

- Men's Shelter
- Women's Shelter

### **Programs**

- Children Who Witness Violence
- Mobile Crisis/Suicide Hotline
- Outreach/PATH
- Supported Employment

Other volunteer ideas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

List schools you have attended, starting with the most recent. Please state if degree was completed or not, indicate the degree or diploma earned and major of study, if any.

School	City, State	Did you graduate?	Degree, Certificate, or Diploma	Major

**PROFESSIONAL REFERENCES**

List the names and telephone numbers of three business/work references who are NOT related to you and are not already listed under previous employment. If not applicable, list three school or personal references who are not related to you.

Name	Organization/Job Title	Telephone No.	Years Known

**ADDITIONAL INFORMATION**

Please list professional licenses/certificates, which you hold, and their expiration dates.

Licenses Held	Expiration Date

List professional, trade associations as well as special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex, national origin, age, citizenship, mental or physical disabilities, veteran/reserve, national guard or any other similarly protected status.) \_\_\_\_\_

\_\_\_\_\_

Please list any additional information you would like us to consider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applications may be mailed or delivered in-person to:

**MHS**  
**Attention: Human Resources Department**  
**1744 Payne Ave**  
**Cleveland, Ohio 44114**

**Questions? Please contact HR at 216.623.6555.**

## Criminal Note Statement

I, \_\_\_\_\_, an applicant for a volunteer internship opportunity with Mental Health Services, Inc. do hereby attest to the fact that I have not been convicted of or plead guilty to any of the offenses listed below either in the State of Ohio or any other state:

- **Homicide** (i.e., Aggravated Murder, Murder, Voluntary Manslaughter, Involuntary Manslaughter);
- **Assault** (i.e., Felonious Assault, Aggravated Assault, Assault, Failing to provide for a functionally impaired person);
- **Menacing** (i.e., Aggravated Menacing);
- **Patient Abuse and Neglect** (i.e., Patient Abuse; Neglect);
- **Kidnapping and Related Offenses** (i.e., Kidnapping, Abduction, Child stealing (as the offense prior to 07-01-1996), Criminal Child Enticement)
- **Sex Offenses** (i.e., Rape, Sexual Battery, Corruption of a Minor, Gross Sexual Imposition, Sexual Imposition, Importuning, Voyeurism, Public Indecency, Felonious Sexual penetration (as the offense formally existed), Compelling Prostitution, Promoting Prostitution, Procuring, Prostitution, Disseminating Matter harmful to Juveniles, Pandering Obscenity, Pandering sexually oriented matter involving a Minor, Illegal use of a minor in nudity-orientated material or performance)
- **Robbery and Burglary** (i.e., Aggravated Robbery, Robbery, Aggravated Burglary, Burglary);
- **Offenses Against Family** (i.e., Unlawful abortion, Endangering children, Contributing to the unruliness or delinquency of a child, Domestic Violence);
- **Weapons Control** (i.e., Corrupting another with drugs, Trafficking in Drugs, Illegal manufacturing of drugs or cultivation of marijuana, Funding of drugs or Marijuana trafficking, Illegal administration or distribution of anabolic steroids);
- **Others** (i.e., Placing harmful objects in food or confection, Interference with custody or interfering with action to issue or modify a support order); and,
- **Additional Disqualifying Offenses**
  - Any offense, in this State, any other State or Municipality, or the United States which is substantially equivalent to any of the above offenses.
  - Any felony contained in the Ohio Revised Code or misdemeanor that is a felony of the second offense, which bears a direct and substantial relationship to the duties and responsibilities of the position the applicant is being considered for.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situation(s) may be grounds for dismissal or termination of the volunteer/internship assignment.

I further understand that I will be fingerprinted for a State of Ohio criminal record check. If I have lived in Ohio for less than five (5) years, I understand that I may be fingerprinted for an FBI criminal record check.

If I am chosen for a volunteer or internship opportunity with MHS, I understand that I must report any arrest or conviction to MHS within twenty-four (24) hours or one (1) day following a conviction. This includes pleas of “guilty” and “no contest.”

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Applicant Signature

Date

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Witness Signature

Date



## **VOLUNTEER/INTERN APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure a volunteer or internship opportunity with the MHS is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application, or (b) immediately discharge me from the MHS's service, whenever it is discovered.

I expressly authorize, without reservation, MHS, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application or interview. I hereby waive any and all rights and claims I may have regarding MHS, its agents, employees or representatives, for seeking, gathering and using such information in the screening process and all other persons, corporations or organizations for furnishing such information about me.

I understand that MHS does not lawfully discriminate and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for a volunteer or internship opportunity on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for six months. At the conclusion of that time, if I have not heard from the MHS and still wish to be considered for a volunteer or internship opportunity, it will be necessary to reapply and fill out a new application.

I understand that this application does not constitute an agreement or contract for employment. I understand that no supervisor or representative of the MHS is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by MHS'CEO or Human Resources.

I also understand that if I am chosen for a volunteer or internship opportunity, I will be required to provide proof of identity.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Name:** \_\_\_\_\_  
Last First M.I.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please provide your social security number and driver's license number (if driving is an essential job function).*

**Social Security Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_