



Volunteer Application

A variety of service opportunities are available for individuals, groups and organizations at Northeast Guidance Center. The agency has volunteer opportunities in Adult and Children’s Services. If you have questions about volunteering, please refer to the NEGC website www.neguidance.org or contact the Volunteer Coordinator at 313-308-1416.

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail	

Availability	
When are you available for assignments? Admin hours are M-F, 8 am – 4:30 pm (clinics have evening & Sat hours)	
<input type="checkbox"/> Weekday mornings	Time: _____
<input type="checkbox"/> Weekday afternoons	Time: _____
<input type="checkbox"/> Weekday evenings	Time: _____
<input type="checkbox"/> Saturday (9am-1pm)	Time: _____
<input type="checkbox"/> Special Events only	

Interests & Description	
To offer you the best volunteer experience, please tell us why you wish to volunteer with Northeast Guidance Center.	How did you hear about our volunteer opportunities?
Volunteer History	Brief Description of Duties

Are you over 18 yrs. of age? Yes ___ No ___

Are you available for a 3-4 hour training for a long-term volunteer commitment? Yes ___ No ___

How long would you be able to make a commitment? _____

Can you provide a reference from a friend, co-worker, volunteer organization or other source?

Name

Relationship

Phone Number



Do you have any experience working with people with mental health conditions?

Please indicate your area(s) of interest/expertise:

Please indicate any special skills you have (e.g., cooking, foreign language, operating computers, etc.):

List highest level of education, special training and/or licenses you've earned: _____

CURRENT OR MOST RECENT EMPLOYER

Name & Address of Employer _____

Position Held _____

REQUIRED INFORMATION

Northeast Guidance Center requires a background check for volunteers to ensure the safety of our staff, consumers and volunteers. The following questions are asked so that we may perform a background check:

Gender: _____ Race: _____ Date of Birth: _____

List any previous names: _____

Do you authorize a background check that may include references, criminal and driving records?

Yes _____ No _____

Signature: _____ Date: _____

TO BE COMPLETED BY NEGC STAFF:	
Original Contact Date: _____	Training/Orientation Date(s): _____ / _____
Required documents:	
<input type="checkbox"/> <i>Volunteer Application</i>	<input type="checkbox"/> <i>Staff Data Sheet</i> (emergency contact form)
<input type="checkbox"/> <i>Release Form for Consumer Reports</i> (signature)	<input type="checkbox"/> TB check & 48-hour re-check *
<input type="checkbox"/> <i>Confidentiality Agreement</i> (signature)	<input type="checkbox"/> Copy of Driver's License/State ID (front & back)
<input type="checkbox"/> <i>Code of Conduct</i> (signature)	<input type="checkbox"/> <i>Internet, Social and Computer Use</i> (signature)
<input type="checkbox"/> Physical Exam *	<input type="checkbox"/> <i>HIPAA and Recipient Rights</i> online certificates *
*only when working in direct contact with consumers	
Copy of Physical exam or TB check/re-check is acceptable from volunteer if conducted within the past 12 months.	