



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's VOLUNTEER COORDINATOR:

Original Contact Date: _____

Training/Orientation Date(s): _____

Required documents:

- ___ Volunteer Application
- ___ Release Form for Consumer Reports (signature)
- ___ Confidentiality Agreement (signature)
- ___ Code of Conduct (signature)
- ___ Physical Exam *

- ___ Staff Data Sheet (emergency contact form)
- ___ TB check & 48-hour re-check *
- ___ Copy of Driver's License/State ID (front & back)
- ___ Internet, Social and Computer Use (signature)
- ___ HIPAA and Recipient Rights online certificates *

*only when working in direct contact with consumers

Copy of Physical exam or TB check/re-check is acceptable if conducted within the past 12 months.