

INNERVISION, INC.
P.O. BOX 31083
CHARLOTTE, NC 28231
APPLICATION FOR STUDENTS & VOLUNTEERS
(UNDER 120 HRS.)

Instructions: *Print clearly in black ink. Answer all questions. Sign and date the form.*

PERSONAL INFORMATION:

First Name _____ **Middle Initial** _____ **Last Name** _____

Social Security Number _____ **Date of Birth** _____

Street Address (including City, State, zip code)

Phone Number s: (c) cell _____ (h) home _____ (w) work _____

E-mail address:

Can we add you to our email list? ___ Yes ___ No

Have you ever been convicted of a crime? Yes ___ No ___ Are there any pending charges against you currently? Yes ___ No ___ Please respond for any violations including misdemeanors and/or traffic violations. Please note: criminal conviction is not automatic grounds for rejection. **If yes** to either question, please explain (you may use a separate sheet of paper).

Criminal and/or abuse registry background checks are required for on all applicants.

What talents or skills do you have to offer our psychosocial rehabilitation service for mentally challenged adults?

Affiliation:

___ Queens University ___ CPCC ___ JWU ___ UNCC ___ EPCI

___ Self /Volunteer ___ Other: _____

Special Skills And Qualifications: Licenses, Certificates, Training, Awards

Have you ever worked with severe and persistently mental ill adults before? Yes___ or No ____
If Yes, please explain (where, doing what?)

Are you interested in volunteering at InnerVision beyond today or this special event?

Yes___ or No___ **If Yes**, what's the best way to contact you is via ___phone ___email

I hereby grant permission for InnerVision Inc. to contact and investigate me for the purpose of this volunteer application process. I indemnify, release and forever discharge and hold InnerVision Inc, and its officers, agents, employees and all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

I understand the sensitive nature of the services I will perform. I agree to abide by strict confidentiality of persons, information, activities or any related events. I understand violation of confidentiality is punishable by law and/or dismissal from my voluntary placement.

My signature below hereby affirms that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have completed the application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of facts on this application or during the interview process, regardless of when discovered, may result in the refusal or immediate dismissal of my volunteer status at InnerVision, Inc.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Print Name of InnerVision Representative & Title:: _____

Signature of InnerVision Rep.: _____

Date: _____

InnerVision Inc. is an equal opportunity employer and does not discriminate on the basis of age, race, creed, color, religion, national origin, sex, disability, marital status or military status.

INNERVISION INC. VOLUNTEER/INTERN LIABILITY AND CONFIDENTIALITY

- A. The Mental Health Laws indicate that any staff who disclosed confidential information without appropriate authorization may be subject to prosecution for a misdemeanor offense and a fine up to \$500. (122C-52(e)).
 - a. This applies whether you are currently employed or have been previously employed by this facility or are serving or have served in a voluntary position.
 - b. This applies to all persons who have or have had access to confidential information, including interns or volunteers.

- B. If you are a County employee and should you violate the general status pertaining to confidentiality or the confidentiality rules, you may be subject to dismissal according to County Personnel Policy. Volunteer/interns are held accountable to the terms agreed upon in signed confidentiality statements.

- C. Should you disclose information related to SUBSTANCE ABUSE CLIENTS, without appropriate authorization (the rule of thumb is always get an appropriate release of information), you are subject to a fine up to \$500 for the first offense and up to \$5,000 for subsequent offenses.

- D. Proper documentation of any action that you take which may be considered a possible violation of confidentiality, with the reasons for the action taken, is necessary for your own protection. Confidentiality is often a matter of PROFESSIONAL JUDGEMENT and you must treat it as such.

- E. Any client, his/her family, an advocate etc. may bring civil action for a breach of confidentiality, especially if it is perceived that harm was done to the client or significant others because of the breach of confidentiality.

- F. Specific professional organizations may have ethical and professional guidelines concerning confidentiality. A violation of these professional guidelines may result in action from that professional organization which could be detrimental to the professional staff member.

In my connection with my activities as a volunteer/intern, I agree to hold all information I may have access to about clients or former clients confidential and will not divulge any information to unauthorized persons. I understand that the divulging of confidential information to unauthorized persons will make me subject to civil action for the collection of monetary damages and/or suspension and dismissal.

Signature/Date of Volunteer

Signature/Date of Witness

InnerVision, Inc. (IV) VOLUNTEER JOB DESCRIPTION

Sharing your compassion and a desire to be a part of recovery in action with mentally challenged adults at InnerVision offers exciting and rewarding experiences for individually seeking to make a significant difference in the lives of others.

Position: Volunteer

Qualifications: Have adequate communication skills; an interest in working with psychiatrically stable adults in a community setting; be able to read, write, and follow verbal and written instructions; desire to teach and contribute to client skill development in the areas of education, employment or socialization; be able to perform basic computer operations; have energy, patience and possess a willingness to have fun while learning with others in a labor intensive, hope filled, psychiatric rehabilitation environment.

Job Responsibilities:

All of the following responsibilities are performed under the supervision of the InnerVision director, program supervisor or staff designee.

- Develop and demonstrates a thorough understanding of the organization’s mission, philosophy and vision statements.
- Provides direct care interventions with consumers on site or in the community.
- Performs group or individual activities that promote consumer skill development (e.g. facilitate a consumer project or activity, assist with skills teaching in the clerical, receptionist maintenance or snack bar units).
- Partner with staff to provide support, monitoring of consumer progress, program initiatives or related activities as delegated by the program supervisor or the director or staff designee.
- Respects and protects the confidentiality of all consumer records and organizational information.
- Communicates relevant consumer information to staff, program supervisor or director.
- Assures consumers are free from abuse, mistreatment and/or neglect and immediately reports any incidents to the director, program supervisor, or staff designee.
- Ensures that all consumer rights policies are followed and consumers are treated with dignity and respect in a therapeutic and culturally sensitive manner.
- Completes all documentation including but not limited to group activity reports consistently and in a timely manner.
- Engages in performance quality improvement related activities and attends staff meetings and/or organizational meetings whenever feasible.
- Perform or assist team’s members and management with administrative activities.

I have received a copy and fully understand my job description as described above. I hereby and knowingly accept the position of Community Assistant with InnerVision, Inc. I agree to carry out my duties in a manner reflective of the integrity and commitment to excellence expected by the organization. I accept the mutually agreed upon conditions as defined by InnerVision, Inc. as an Employment At Will Employer.

Applicant: Print Name/Signature: _____ Date _____

Witness: Print Name/Signature/IV Title : _____ Date _____