



THE FOUNTAIN HILL CENTER

For Counseling and Consultation

We provide pathways to healing and transformation, both personal and relational, through diverse and innovative therapeutic, educational, evaluative, and consultative services.

www.fountainhillcenter.org

Volunteer Application

You must be at least 14 years old to volunteer. Volunteers under the age of 18 must have a parent/guardian complete the consent section on the reverse side of this application. Completed applications may be emailed to contact@fountainhillcenter.com, faxed to (616) 456-1324, or dropped off at our Grand Rapids office: 534 Fountain St NE, Grand Rapids, MI 49503.

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Initial:
Cell Phone:	Home Phone:	Age:
Street Address:	City, State, Zip Code:	Today's Date:
Email Address:		Received Date:

EMERGENCY CONTACT INFORMATION	
Name:	Home Phone:
Relationship to you:	Work Phone:
Email Address:	Cell Phone:

VOLUNTEER INTERESTS																			
How did you learn about volunteering at The Fountain Hill Center?																			
I am interested in: <input type="checkbox"/> setting up a regular schedule to volunteer weekly or bi-weekly <input type="checkbox"/> drop-in volunteering <input type="checkbox"/> working a special event	I would like to help with: <input type="checkbox"/> office/clerical work (data entry, scanning/sorting records, making phone calls, assembling mailings, etc.) <input type="checkbox"/> building/grounds maintenance (cleaning, painting, raking, gardening, etc.) <input type="checkbox"/> special projects																		
I would like to: <input type="checkbox"/> volunteer as an individual <input type="checkbox"/> volunteer with a friend (name: _____) <input type="checkbox"/> volunteer in a group	I am available to volunteer on: <table border="1"> <thead> <tr> <th>Day</th> <th>Mon</th> <th>Tues</th> <th>Wed</th> <th>Thurs</th> <th>Fri</th> </tr> </thead> <tbody> <tr> <td>Time (AM):</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time (PM):</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Day	Mon	Tues	Wed	Thurs	Fri	Time (AM):						Time (PM):					
Day	Mon	Tues	Wed	Thurs	Fri														
Time (AM):																			
Time (PM):																			

EDUCATION AND SKILLS

Highest level completed: <input type="checkbox"/> grade 9 <input type="checkbox"/> grade 10 <input type="checkbox"/> grade 11 <input type="checkbox"/> grade 12 <input type="checkbox"/> some college <input type="checkbox"/> associate's degree <input type="checkbox"/> bachelor's degree <input type="checkbox"/> graduate degree <input type="checkbox"/> post-graduate degree	Current (or most recent) occupations(s): <hr/> Current (or most recent) employer(s):
Are you currently a student? <input type="checkbox"/> Yes, school: _____ <input type="checkbox"/> No	Are you fluent in any languages other than English? <input type="checkbox"/> Yes, languages: _____ <input type="checkbox"/> No
Do you need our staff to sign off on your volunteer hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	I am comfortable using a computer and have experience in: <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Adobe Creative Suite <input type="checkbox"/> Salesforce
Are you comfortable using office equipment? <input type="checkbox"/> Printer/scanner/copier/fax <input type="checkbox"/> Office phones <input type="checkbox"/> No	Other program or platform not listed:

PLEASE READ THE FOLLOWING AND SIGN BELOW

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release The Fountain Hill Center from any liability for supplying such information.

I understand that The Fountain Hill Center is a mental health service provider and that I need to be sensitive to what happens at the office while I am onsite. I acknowledge that anything I see or hear that pertains to the clients of The Fountain Hill Center is confidential and cannot be disclosed to anyone outside The Fountain Hill Center. I understand all client information, either verbal or written, is protected by the Health Insurance Portability and Accountability Act (HIPAA) and thus confidential by law.

I understand that The Fountain Hill Center reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the organization. I also understand that I may be subject to a background check.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely and voluntarily. I understand that my volunteer service may end at any time for any reason, with or without cause, and with or without notice.

Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT (FOR VOLUNTEERS UNDER AGE 18)

I give my permission for the above applicant to volunteer at The Fountain Hill Center for a maximum of _____ hours per week.

Parent/Guardian Signature: _____ Date: _____