VOLUNTEER / INTERN APPLICATION

*Important Notice:*

IF YOU ARE UNABLE TO OBTAIN FINGERPRINT CLEARANCE THROUGH THE ARIZONA DEPARTMENT OF PUBLIC SAFETY, YOU WILL NOT BE ELIGIBLE TO VOLUNTEER OR COMPLETE AN INTERNSHIP WITH THIS AGENCY.

IF YOU HAVE BEEN A CLIENT AND/OR RECEIVED SERVICES FROM NORTHLAND FAMILY HELP CENTER IN THE LAST 12 MONTHS, YOU WILL NOT BE ELIGIBLE TO VOLUNTEER OR TO COMPLETE AN INTERNSHIP WITH THIS AGENCY.

THANK YOU FOR YOUR COOPERATION IN THIS PROCESS



Where Violence Ends and Healing Begins

NORTHLAND FAMILY HELP CENTER

2532 N 4TH Street, #506

Flagstaff, AZ 86004

928-527-1700 928-527-4288 fax

[www.northlandfamily.org](http://www.northlandfamily.org)

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 VOLUNTEER APPLICATION

|  |
| --- |
| Name       |
| Address       |
|        |
| Email Address        |
| Home Phone       |
| Work Phone       |
| Cell Phone       |

Certifications you hold:

Language(s) you speak:

Language(s) you write:

Program you are interested in volunteering for:

Days available to volunteer:

Desired start date:

Length of internship/volunteer period (ex:Spring2018/Fall2019):

Anticipated hours per week:

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|  |
| --- |
| Level of Education Completed:       |
| Major Course of Study:       |

 Why do you wish to volunteer at Northland Family Help Center?

Have you had any experience or training working with adults and/or children in crisis or who have experienced traumatic events?

Please list any prior volunteer experiences.

Please list any special skills or interests

Are you currently a student?

 If yes, are you required to perform volunteer work for a class?

 If yes, for which class and what is your requirement?

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EMPLOYMENT HISTORY

Company Name       Telephone

Street Address       City       -State       Zip       Employed From:      To:

Name of Supervisor       E-Mail       Telephone

Your Job Title       May we contact this employer?

Reason for Leaving

Describe your job duties

Company Name       Telephone

Street Address       City       -State       Zip       Employed From:      To:

Name of Supervisor       E-Mail       Telephone

Your Job Title       May we contact this employer?

Reason for Leaving

Describe your job duties

Company Name       Telephone

Street Address       City       -State       Zip       Employed From:      To:

Name of Supervisor       E-Mail       Telephone

Your Job Title       May we contact this employer?

Reason for Leaving

Describe your job duties

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REFERENCES (Mandatory)

List name and phone or e-mail of at least three professional references that are NOT related to you

 Type of Reference Years

Name Phone or E-Mail (Business, School) Known \_ \_\_\_\_\_\_\_\_\_\_\_\_

1.

2.

3.

.

List name and phone or e-mail of at least three references that are NOT related to you

 Type of Reference Years

Name Phone or E-Mail (Personal) Known

1.

2.

3.

I understand that if my services are accepted as a volunteer, that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer’s service, whenever it is discovered.

I give Northland Family Help Center the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Northland Family Help Center does not unlawfully discriminate in employment or acceptance of volunteer services, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal Law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from Northland Family Help Center and still wish to be considered for volunteering, it will be necessary to fill out a new application.

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If my services as a volunteer are accepted, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my services as a volunteer at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than the Executive Director, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the Executive Director.

I understand that volunteers who may have contact with clients must successfully complete a background check and obtain a Fingerprint Clearance Card.

I also understand that pursuant to Northland Family Help Center’s licensure requirements, that volunteers must be at least 21 years of age to work in the Youth Shelter.

I understand that if my services as a volunteer are accepted, I will be required to provide proof of identity.

I represent and warrant that I have read and fully understand the foregoing and seek to provide my services as a volunteer to Northland Family Help Center under these conditions.

For Counseling Department Interns only: Master’s level interns studying Counseling and Social Work are welcome at every time of year. Our educational focus is on high quality supervision and supported independence to support new clinicians’ long term sustainability in advocacy focused psychotherapy. NFHC’s trauma therapists provide free counseling to victims of crime and abuse in our community, as well as to residents of NFHC’s shelters.  The Counseling program is a popular place to apply, and we typically are planning far ahead with internship candidates. We often are completing our search for Fall semester clinical interns in the previous mid-March. Even though this is may be the case, please do not hesitate to reach out to us to inquire about internships no matter the timeframe, as things can vary from time to time. We are open to both full-time and part-time internship applicants. To apply for an internship in our Counseling program, please send a current resume/CV, a cover letter, as well as complete the standard NFHC internship application directly to our Clinical Director at ameronuck@northlandfamily.org. Also, feel free email with any questions as well.

Signature of Applicant Date

# Please save and email to: hr@northlandfamily.org