

Myrt Armstrong Recovery Center (MARC)

Application for Volunteers and Interns

Date \_\_\_\_\_

Date available to begin \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_ Age:  Over 18  Under 18

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Why are you interested in volunteering?  Personal Interest  Educational Internship

Other (specify) \_\_\_\_\_

Have you ever or do you currently work for Mental Health America/MARC? \_\_\_\_\_

Have you ever received services from Mental Health America/MARC? \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

**Experience and Education**

High School:  Diploma  GED  Did not finish

College: Major/Minor \_\_\_\_\_

1-2 years  3-4 years  Graduated

Graduate School:  Master's  Doctorate  In progress (specify): \_\_\_\_\_

Other training: \_\_\_\_\_

Employment history (Job and time employed, starting with most recent)

Job 1: \_\_\_\_\_ Currently employed Y/N

Job 2: \_\_\_\_\_

Job 3: \_\_\_\_\_

Volunteer History (Place and time volunteered, starting with most recent)  No volunteer history

Volunteer 1: \_\_\_\_\_

Volunteer 2: \_\_\_\_\_

Volunteer 3: \_\_\_\_\_

Myrt Armstrong Recovery Center (MARC)

**Your Interests at MARC**

How did you hear about this volunteering opportunity? \_\_\_\_\_

In which area(s) would you like to volunteer?  Activities  Operations  General  Reception  
 Director Assistance  Seasonal  Other (specify) \_\_\_\_\_

How long can you commit to volunteering?  One time  Per Diem  3-6 mos  6 mos+  
 Until hours are completed (specify how many hours) \_\_\_\_\_

Days available to volunteer  Sun  Mon  Tues  Weds  Thurs  Fri  Sat  
Holidays (specify which if yes)? Y/N \_\_\_\_\_

Time period available  1-5  5-9      How many hours per week? \_\_\_\_\_

What skills can you contribute to your volunteer time? \_\_\_\_\_  
\_\_\_\_\_

Special Needs/Restrictions \_\_\_\_\_

Please answer in 3-5 sentences

Why have you chosen to volunteer at this time in your life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from being a volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you deal with MARC rule violations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your computer skills \_\_\_\_\_  
\_\_\_\_\_

Myrt Armstrong Recovery Center (MARC)

*The MARC considers applicants for internship/volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, disability, sexual orientation, or any other legally protected status. We provide reasonable accommodation for qualified individuals with disabilities, which will be discussed upon agreement of volunteer services.*

Do you have a mental illness? Y / N Please specify: \_\_\_\_\_

Are you actively involved with services (specify) \_\_\_\_\_

\_\_\_\_\_

Do you take medication? Y / N

What coping and recovery skills do you employ on a regular basis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If hired for volunteer work, I agree to not only abstain from, but speak up against, MARC gossip, derogatory conversation, and any kind of bullying. \_\_\_\_\_

If hired under a specific supervisor, I agree to seek direction from my immediate supervisor, follow the appropriate chain of command, and to show respect for supervisors by not talking behind their back or the back of any other staff or member. \_\_\_\_\_

If hired for seasonal volunteer work, I agree to take direction from whoever is assigned to supervise me, to keep staff informed of my progress and further steps, to deal honestly with outside agencies and to remember that I represent the MARC. \_\_\_\_\_

As a volunteer, I understand that I represent the MARC, its staff, members, and reputation while on volunteer duty and I agree to act accordingly. If I am found to be a poor representative, I understand that I will be asked to resign my volunteer position. \_\_\_\_\_

*I certify that the facts contained in this application are true to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application may result in the rejection of this application or dismissal from volunteer position.*

\_\_\_\_\_

Signature of applicant

Date

Staff signature upon receipt of completed form \_\_\_\_\_

Myrt Armstrong Recovery Center (MARC)

Volunteer Reference Form

\_\_\_\_\_ is applying for a volunteer/Internship position with Mental Health America of ND through the MARC. Please return this form to the Director of the MARC (1419 1<sup>st</sup> Ave S Fargo, ND 58103).

**Reference**

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Please describe your relationship with the applicant and the number of years/months of acquaintance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some of the applicant's greatest strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some of the applicant's greatest challenges?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this person to volunteer at the MARC?  Yes  No

Please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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What are some of the applicant's greatest challenges?

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Would you recommend this person to volunteer at the MARC?  Yes  No

Please explain \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Would you recommend this person to volunteer at the MARC?  Yes  No

Please explain \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_