



Volunteer/Intern Application

Black Mountain Neuro-Medical Treatment Center
 932 Old US 70 Hwy Black Mountain, NC 28711
 (828) 259-6946 Fax: (828) 669-3177
 State of North Carolina Department of Health and Human Services

Information

Last Name		First Name		Middle Initial	Preferred Name
Current Mailing Address				Email Address	
City		State	Zip	County	
How long at this address* ____ years ____ months	Phone	Date of Birth		Last 4 SSN XXX-XX-_____	
Person to be contacted in case of emergency or illness					
Name			Relationship		
Home Phone		Work Phone		Mobile Phone	

* If you have lived outside of North Carolina within the past 5 years, or since 18 years of age (whichever is less), please include a complete listing of previous address(es) on a separate sheet of paper. Please also include the county or district of each address.

Education

Circle highest grade completed
Jr High 6 7 8 **High School** 9 10 11 12 **College** 1 2 3 4 **Graduate School** 1 2 3 4

School Name and Location	Dates Attended	Graduate?	Degree Type/Major
Jr High School/High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	~~~~~
College/University		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate or Professional		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Special training, certification or licenses (i.e. CPR, First Aid, lifeguard, etc..)

For Volunteer Services Use Only	
Start Date: _____	End Date: _____
Department: _____	Site Supervisor: _____
Volunteer Orientation Completed by: _____	Date: _____

Volunteer/Work Experience, Skills, & Interests

Have you ever done any volunteer work before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, tell us a little about the experience	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please list your employers name	How long at this employer? ___ years ___ months
Why are you interested in Volunteering with BMNTC? (i.e. your motivation to contact us about opportunities)			
Describe/list any skills or interests that you could use in your Volunteer work at BMNTC.			

Availability & Volunteer Assignment Preferences

When are you available for Volunteer work? (check all that apply)				My Schedule is Totally Flexible <input type="checkbox"/>			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							
Are you applying for a specific opportunity? Yes <input type="checkbox"/> No <input type="checkbox"/>			Position: _____				
How long do you intend to Volunteer at BMNTC? (Please note that some opportunities may require a minimum time commitment)							
What Volunteer Program areas are you interested in (check all that apply)							
Music		Dance / Movement		Creative Arts		Worship / Spiritual	
Special Events		Pet Therapy		Greenhouse / Horticulture		Resident Companionship	
Recreation		Clerical / Office Support		Outdoor Work		Fundraising	
Service Learning		Internships		Staff Recognition		Holiday Support	
Other Volunteer Work or Special Projects interested in (please list):							

References (Please provide 2 professional references- preferably a work or volunteer supervisor)

Full Name	Relationship
Company/Organization	Contact/Phone Number
Full Name	Relationship
Company/Organization	Contact/Phone Number

Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes No
 (If yes, or if other incidents need explanation, please explain fully on an additional sheet. A conviction does not automatically disqualify from participation. The nature of the offense and the time of occurrence are factored in making a placement decision.)

Declarations/Acknowledgements

1. It is the policy of Black Mountain Neuro-Medical Treatment Center (BMNTC) to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Minimum Volunteer age is 14 years. Applicants under 18 must have a parent or legal guardians authorized written consent.
2. For the safety and security of BMNTC, its staff and those residing in the facility, the Volunteer Services Department performs criminal record checks and/or accesses other appropriate screening resources on all potential volunteers and interns serving a minimum number of service hours per policy. Once an application is received, complete identification information may be collected in order to conduct criminal records and tuberculosis screening testing, where indicated.
3. Black Mountain Neuro-Medical Treatment Center **REQUIRES** that all Volunteers and interns serving during flu season (after November 1st through early-Spring) receive the flu vaccination unless he/she receives a pre-approved exemption.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my volunteer service/internship, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application or dismissal from volunteer services. (Reference: G.S. 126-30, G.S. 14-122.1).

Signature of Applicant _____ Date _____

If applicant is 14-17 years of age

I hereby give permission for _____ (under the age of 18) to volunteer at
Black Mountain Neuro-Medical Treatment Center and receive TB screening if indicated.

Signature of parent/guardian _____

Relationship _____ Date _____

Thank you for your interest in BMNTC, Volunteers and Interns play a vital role in our community. All Volunteer Applications are reviewed with consideration of current volunteer opportunities. The information you provide will be held securely and confidentially. Only authorized staff will have access to your information.