



Mental Health Association

in Orange County, Inc.

NADIA ALLEN, EXECUTIVE DIRECTOR

Dear Potential Volunteer/Intern,

Thank you for your interest in Mental Health Association in Orange County, Inc. (MHA). MHA is a not-for-profit agency that seeks to promote the positive mental health and emotional well-being of Orange County residents, working towards reducing the stigma of mental illness, developmental disabilities, and providing support to victims of sexual assault.

Volunteering is a very rewarding experience. If you are looking to be part of a nationally recognized organization with a highly regarded reputation in the Orange County community, then you have chosen the right place!

Not only does volunteering assist those in need, it's also a way to receive valuable experience as well as current and relevant training in the human services field. Volunteering is a good way to meet other like minded individuals and have access to possible career opportunities within MHA.

All interested volunteers must fill out an application and complete the reference form, providing 3 references. Also, any volunteer that works directly with MHA's program participants must be fingerprinted.

Please visit our website www.mhaorangeny.com to learn more about our organization and programs. If you have any questions, please give me a call and I would be happy to discuss our volunteer opportunities with you.

Sincerely,

Alison Fisher

Alison Fisher

Community Relations Manager

73 James P. Kelly Way * Middletown, NEW YORK 10940 *
845) 342-2400-7411 FAX (845) 343-9665
www.mhaorangeny.com *e-mail: mha@mhaorangeny.com

Board of Directors – Robert Gaydos, President; Eben Hill, Past President; Elizabeth Franqui, Vice President; Art Gloeckler, Treasurer; Annie Colonna, Secretary; David Goggins, Neil Meyer, Ohiro Oni-Eseleh, Jean Pavek, Lydia Richards

Orange County Crisis Call Center • 24 HOURS • 7 DAYS A WEEK • Dial 311



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Volunteer/Intern Application

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Telephone: _____ Cell: _____

Mental Health Association in Orange County, Inc. is committed to a policy of equal opportunity and will not discriminate against an applicant based on their age, sex, pregnancy, sexual orientation, race, color, creed, religion, national origin or ancestry, citizenship, marital status, disability, victim of domestic violence, military or veteran status or any other category protected under federal, state or local law, regulation or ordinance.

Are you now, or have you ever been registered in a Child Abuse Registry Clearinghouse for New York or any other state? *The names of applicants who will have the potential for regular and substantial contact with children will be submitted to the NYS Central Register for Child Abuse and Maltreatment to determine if applicant is the subject of an indicated report of child abuse or maltreatment.* **Yes** **No**

Have you ever been convicted of a crime? *This question does not apply to convictions which have been expunged, sealed, pardoned or otherwise exonerated or eradicated, or relate to youthful offender conviction or violation. (A conviction record will not necessarily be a bar to volunteering/interning. A conviction which is substantially related to the functions or qualifications of the positions of which you are applying may be taken into consideration). If "Yes," please describe fully the criminal conviction(s) listing the nature and date of the offense(s) and your rehabilitation since the conviction(s).* **Yes** **No**

Do you have any pending criminal charges in any jurisdiction: ___ Yes ___ No
If yes, please provide the date, jurisdiction and status: _____

What times and days are you availableA

Day	Hours Available
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<input type="checkbox"/> Vwguf c{	_____
<input type="checkbox"/> Y gf pguf c{ "	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Saturday	_____
<input type="checkbox"/> Sunday	_____

Do you have any prior or current experience in direct care work relevant to the program(s) you are interested in? _____ Yes _____ No

If yes, please explain :

Please describe any specialized education or training, if any:

What languages do you speak? _____

Read? _____ Write? _____

Please describe any current/relevant activities, interests, hobbies or volunteer experiences:

Please state briefly what experiences you are looking to gain by volunteering/interning with our agency?

In what capacity are in interested in volunteering/interning? (List any specific MHA programs that you are interested in, as well as, college requirements (if you are applying for an internship), amount of hours you plan on interning/volunteering for per week, etc.)

For detailed information on our programs, please visit our web site at: www.mhaorangeney.com

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www.mhaorangeney.com *e-mail: mha@mhaorangeney.com

PATRICIA QUINN, PRESIDENT * A UNITED WAY AGENCY

HELPLINE • 24HOURS • 7 DAYS A WEEK • 1-800-832-1200



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MHA Volunteer/Intern Reference Check

Name: _____

Please provide **3** references. You may use personal or professional references.

1. Name: _____

Address: _____

City: _____ State: _____

Telephone: _____ Email: _____

In what capacity do you know this person? _____

2. Name: _____

Address: _____

City: _____ State: _____

Telephone: _____ Email: _____

In what capacity do you know this person? _____

3. Name: _____

Address: _____

City: _____ State: _____

Telephone: _____ Email: _____

In what capacity do you know this person? _____

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Pledge of Confidentiality

Mental Health Association in Orange County, Inc. operates under the Federal Law, HIPAA. HIPAA stands for the Health Insurance Portability and Accountability Act. This law prohibits any person(s) from discussing service participants outside the confines of this agency. Therefore you may **NOT** disclose any personal information about any Mental Health Associations' clients.

I understand that:

- All information regarding program participants will be kept discreetly and confidentially within MHA.
- No information is to be discussed, or in any way communicated outside this agency without client permission.
- Confidential information is any identifying information on an individual. This is Protected Health Information (PHI) and is not to be disclosed. Name, phone number, social security #, address, etc. cannot be disclosed.
- I agree to attend an agency sponsored Orientation Training which will include HIPAA training prior to starting with MHA.
- Any question's regarding a client of MHA should be directed to Julia Phillips, MHA's HIPAA privacy officer at (845)342-2400 x1268.
- Any information gathered during your time at MHA must not be shared. In addition, all material provided by MHA must be returned if your volunteer experience should end.

Signed: _____

Date: _____

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