

APPLICATION FOR VOLUNTEERS

Mental Illness Recovery Center, Inc.

-----Please Complete Fully and Legibly-----

No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for volunteering because of his or her race, color, religion, sex, national origin, disability, or military status.

Date: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Present Address: _____
(No. Street) (City) (State) (Zip Code)

Home Ph.: () _____ Business Ph.: () _____ SSN: _____ - _____ - _____

Date of Birth: _____

If your application is considered favorably, on what date can you begin volunteering? _____

What led you to consider volunteering for MIRCI? _____

Have you previously been employed by us? _____ Yes _____ No If so, Job Title: _____

Are you 18 years of age or older? _____ Yes _____ No

OTHER INFORMATION

Please list and specialized skills, interests, and hobbies you feel may be beneficial to your work with MIRCI (for example: arts and crafts):

Emergency Contact: _____
(Name) (Relationship) (Address) (Phone No.)

Do you own or operate an automobile that you intend to use to and from MIRCI? _____ Yes _____ No

Make and Model: _____ Year: _____ Color: _____ License No.: _____

Have you ever been convicted of a criminal offense other than a minor traffic offense? (The term conviction includes the imposition of a fine or sentence, a plea of guilty or "no contest.") If so, please list all cases below. Give in each case (1) the date of the offense, (2) the nature of the offense, (3) the name and location of the court, and (4) the penalty imposed, if any, or other disposition of the case. Attach a separate sheet if necessary. Failure to provide complete information may result in disciplinary action up to and including termination of employment.

IMPORTANT – PLEASE READ BEFORE SIGNING

I understand that once I begin volunteering at MIRCI and I am convicted of any unlawful act, I am to report to my Department Director within 24 hours, giving the following information: (1) the date of the offense, (2) the nature of the offense, (3) the name and location of the court, and (4) the penalty imposed, if any, or other disposition of the case. Failure to follow these instructions may result in disciplinary action up to and including termination of services.

I understand and agree that I shall be subject to immediate termination if it shall be determined that my answers are untrue or that I have failed to disclose a material fact. I understand and agree that the fact that the employer has made or has not made an investigation or the fact that I have performed work satisfactorily for any period of time prior to this determination, shall not constitute a waiver, abandonment, or bar of the right of the employer to take such disciplinary action. I authorize the use of any information in this application to enable the employer to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked by the employer concerning my ability, character, reputation, and previous employment record. I further agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without notice to my supervisor. If employed, I agree to abide by all present and subsequently issued personnel policies and rules of the employer. I agree that I am employed at-will and that I may be dismissed by the employer at any time and for any reason at the discretion of the employer.

The personnel policies of the employer are not a contract of employment. No one at MIRCI, with the exception of the Director, has the authority to enter into a written contract of employment and such contract must be written and signed by the Director. All employees of MIRCI are employees at will who may quit at any time for any reason and who may be terminated at any time and for any or no reason.

Signature: _____ Date: _____

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for volunteering and, if you are selected for the volunteer position, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Mental Illness Recovery Center, Inc. ("MIRCI") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and

- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before MIRCI can obtain a consumer report or investigative consumer report about you for volunteering and/or employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize MIRCI to obtain and rely upon consumer reports or investigative consumer reports in considering me for volunteering and, if I am selected for the volunteer position, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize MIRCI to obtain any such reports and to share the information received with any person involved in the volunteer position decision about me.

I understand that MIRCI may conduct a South Carolina Law Enforcement Division (SLED) background check and an investigation of my driving record. I authorize SLED, the South Carolina Department of Public Safety, or any other city, county, state, or federal agency to furnish any information on file under the name on this form, and I release all persons from liability as a result of furnishing such information. I understand that any false answers or statements made by me on this form may be sufficient cause for dismissal.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of MIRCI.

Applicant Signature

Date

