

# UNIVERSITY REHABILITATION ALLIANCE, INC.

## APPLICATION FOR VOLUNTEER / INTERNSHIP SERVICES

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, sexual preference, age, weight, height, color or handicap.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to volunteer practices, or terms, conditions, and privileges of volunteer service.

If you are a person with a handicap, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make the accommodation.

Full Legal Name:			
Address:	City:	State:	Zip Code:
Telephone Number(s):		Email Address:	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you volunteered or been employed at Origami in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide dates employed/volunteered and indicate if employed/volunteered under a different name:			

1. How did you learn about the Origami Brain Injury Rehabilitation Center?

- Employee       Advertisement       Friend/Relative       Website  
 Walk-In       College Posting       Conference/Event       Other:

2. What services are you interested in providing at Origami?

- Internship       Direct Client Involvement       Clerical/Administrative Duties  
 Group Therapy Involvement (gardening, woodshop, etc.)       Maintenance/Cleaning  
 Other:

3. Please indicate the times on each day of the week that you would be available to volunteer / intern (check all that apply):

- Monday       Tuesday       Wednesday  
 Thursday       Friday       Saturday  
 Sunday       Flexible       Other:

4. Can you perform the activities/services in which you wish to volunteer or intern with or without accommodation?

- Yes  No

5. Have you ever been convicted of a crime?  Yes  No

(NOTE: Answering yes to this question may not automatically preclude you from consideration)

If yes, please explain:

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Origami Brain Injury Rehabilitation Center  
 3181 Sandhill Road Mason, Michigan 48854  
 Phone: 517-336-6060 Fax: 517-336-6050

6. Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect?  Yes  No If yes, when, where and nature of the case:  
 \_\_\_\_\_
7. Are you on a court-supervised probation or parole?  Yes  No  
 If yes, please explain: \_\_\_\_\_
8. Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:  
 Dept. of Commerce/Dept. of Consumer & Industry Services  Yes  No  
 Dept. of Social Services/Family Independence Agency  Yes  No  
 A local Community Mental Health Recipient Rights Office  Yes  No  
 Any other recipient rights office  Yes  No
9. Please indicate the names of any relatives already employed or serving as a volunteer by this employer:  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPERIENCE**

Employer: (most recent listed first)	Job Title:	Dates:	Reason Left:

Please list your **hobbies / special skills / leisure activities** which may assist Origami in determining how to best utilize your talents and experience:


**REFERENCES** (Only one personal reference permitted)

Name:	Address:	Phone Numbers (s):	Relative/Friend: <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**INTERNS ONLY**

Educational Institution:	Internship Coordinator:	Address:	Phone Number (s):

Origami Brain Injury Rehabilitation Center  
3181 Sandhill Road Mason, Michigan 48854  
Phone: 517-336-6060 Fax: 517-336-6050

**VOLUNTEERS / INTERNS STATEMENT**

I hereby give you my permission to contact the above employers, references, and educational institution(s) to verify the items I listed above. I hereby release University Rehabilitation Alliance, Inc. (DBA Origami) and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers. I consent to releasing any information relating to my job performance that is documented in my personnel file.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Commerce/Department of Consumer and Industry Services, Family Independence Agency, Department of Community Health, and local Community Health agencies, or other governmental or private agencies for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release University Rehabilitation Alliance, Inc., the Department of Commerce, Family Independence Agency, Department of Community Health, the local Community Mental Health agencies and other various governmental or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release my prior employers from all claims, liability and damages that may result from furnishing the information to you.

I further understand that any dishonest, false or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.

SIGNATURE:

DATE:

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This application will be kept current for six months. You need to complete another application to be reconsidered after this date.