



A MIND WITHOUT BORDERS, LLC

Professional Counseling & Consulting

Greetings!

A Mind Without Borders is hiring part time volunteers for our 6 weeks Job Readiness and Mental Health Programs. These programs provides youth the opportunity to learn professional skills and be prepared for the job market.

There will be scheduled weekly themed therapeutic group discussions which are in lieu of staff meetings; attendance is mandatory in order to successfully complete the program. Opportunity for summer paid internship will be available upon completion and satisfactory review.

The positions available are:

Event host/hostess (events only)

Reception

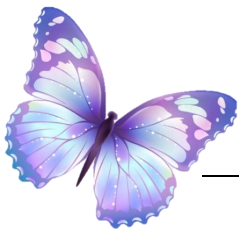
Peer Mentor

Community Outreach

Please fill out the volunteer application on the next page and return to AMWB no later than April 30, 2019 via email: info@amindwithoutborders.com or in person/mail: 2140 McGee Rd, Suite A-3700, Snellville, GA 30078. Applicant minimum age is 16 years old. If you have any questions, please don't hesitate to call 678-961-8144.

Respectfully,

Camelle Baynes, M.Ed, MHC
Manager/Clinician



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VOLUNTEER APPLICATION

(volunteer position title)

SECTION I

Date _____

Name _____

Address _____ City _____

State _____ Zip _____ Home Phone: _____

Work Phone: _____ E-mail: _____

School Name _____ County _____

SECTION II

Previous Volunteer Experience:

Occupation (N/A if not applicable): _____

Other information that will help us make a good match (such as education, general interests/hobbies): _____

Languages Spoken: _____

SECTION III

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available

- | | | |
|---|---|--|
| <input type="checkbox"/> Mornings (Mon-Fri) | <input type="checkbox"/> Afternoons (Mon-Fri) | <input type="checkbox"/> Evenings (Mon-Fri) |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Once A Week | <input type="checkbox"/> More Than Once a Week |
| <input type="checkbox"/> One Time Only | <input type="checkbox"/> As Needed | <input type="checkbox"/> OTHER _____ |

SECTION IV

Do You Have A Valid (State) Driver' s License? Yes _____ No _____
License Number: _____ Vehicle License Plate Number _____
Insurance Company: _____ Policy #: _____

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise?
Yes _____ No _____
If Yes, Please Explain: _____

Do You Have Any Physical Condition that May Limit Your Activities? Yes ___ No ___
If Yes, Describe: _____

Who To Notify In Case Of An Emergency? _____
Telephone Number: _____ Relationship _____

SECTION V [References]

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name _____ Phone _____
Address _____
Relationship _____

Name _____ Phone _____
Address _____
Relationship _____

Name _____ Phone _____
Address _____
Relationship _____

Why are you interested in volunteering with A Mind Without Borders?

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Signature Of Applicant

Date

Signature Of Parent/Guardian (if under 18)

Date