

**ADVANTAGE BEHAVIORAL HEALTH SYSTEMS  
STUDENT/VOLUNTEER APPLICATION**

DATE OF APPLICATION: \_\_\_\_\_

Month Day Year

**GENERAL INFORMATION**

SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Provide us the best way to contact you \_\_\_\_\_

Do you require any special accommodations due to a handicap? \_\_\_\_\_

*(Answers to questions 1 – 3 listed below are for statistical purposes only and are optional.)*

1. Gender:

Female

Male

2. Racial/Ethnic Background:

African-American

Native American

Caucasian

Asian Pacific Islander

Hispanic

Other \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

How did you learn about student/volunteer opportunities at Advantage Behavioral Health Systems?  
\_\_\_\_\_

**PERSONAL DATA**

Please list any work or volunteer experience in mental health, developmental disability, or substance abuse services:  
\_\_\_\_\_  
\_\_\_\_\_

Any other previous volunteer experience? \_\_\_\_\_

Will you be receiving academic credit for this experience?

Yes  No

Do you have a car with insurance?  Yes  No

What type of volunteer work are you interested in doing?  
\_\_\_\_\_  
\_\_\_\_\_

If you want to work with clients, in which area would you feel most comfortable?

- Mental Health     Developmental Disability     Substance Abuse

How many hours a week would you like to volunteer? \_\_\_\_\_

Have you ever been convicted of a felony?     Yes     No    If yes, attach explanation.

**EDUCATIONAL DATA**

Highest Grade Completed: \_\_\_\_\_

Name/Location of Vocational, College or Universities Attended	Credit Hours Qtr./Semester	Field of Study Major/Minor	Degree Earned

**REFERENCES**

List name, occupation, address, phone number, and how long known (must have known at least one year):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I certify that all the information on the application is correct. I am aware that if I am accepted as a student/volunteer, I must abide by the guidelines of the program and the confidentiality requirements of the state of Georgia. I further understand that as a volunteer I will not receive any pay or benefits (health insurance, 401K, etc) for my services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## STUDENT/VOLUNTEER CODE OF ETHICS

Any student/volunteer of Advantage Behavioral Health Systems Community Service Board shall abide by the following Code of Ethics:

### Responsibility of Person Served

1. Each student/volunteer's primary responsibility is to the person served, making every reasonable effort to advance the welfare and best interests of those individuals and families.
2. Inappropriate and unprofessional conduct includes, but is not limited to the following:
  - a) Exploiting relationships with persons served for personal or financial advantages;
  - b) Using a person's confidence to their disadvantage;
  - c) Failure to terminate a service relationship with a person when it is reasonably clear that the person is not benefiting from it;
  - d) When termination or interruption of service is anticipated, failing to notify the person promptly and failing to assist the person in seeking alternative services consistent with their needs and preferences.

### Integrity and Competency

1. Each student/volunteer shall act in accordance with the highest standards of integrity and competence.
2. Each student/volunteer must provide service within the scope and limitations of their training and competencies.
3. Each student/volunteer must recognize the need for ongoing education as a component of professional and job competency.
4. Inappropriate and unprofessional conduct includes, but is not limited to the following:
  - a) Practicing inhumane or discriminatory treatment toward any person or group of people.
  - b) Engaging in dishonesty, fraud, deceit, or misrepresentation while performing job duties.
  - c) Engaging in sexual activities or sexual advances with any trainee, student, or person served.
  - d) Performing job duties under the influence of alcohol or drugs not prescribed by a practicing physician.

### Confidentiality

1. Each student/volunteer holds in confidence all information obtained in the course of service. The student/volunteer safeguards client confidentiality as permitted by law.
2. Inappropriate and unprofessional conduct includes, but is not limited to the following:
  - a) Revealing a person's confidence except as required by law.
  - b) Failing to obtain written informed consent from each person before electronically recording sessions with that person or permitting a third party observation of their sessions.
  - c) Failing to guard information about the person served, such as leaving notes or records in view or not shredding notes or other information no longer needed.
  - d) When providing a person access to their record, failing to protect the confidences of other persons contained in that record.
  - e) Failing to disguise adequately the identity of the person when using material derived from that service relationship for purposes of training or research.

### Assessment Instruments

Each student/volunteer shall make every effort to promote the welfare and best interest of the person served when using instruments or techniques of assessment. A student/volunteer shall guard against the misuse of assessment results, and respect the person's right to know the results, the interpretations and the basis for any conclusions or recommendations.

### Research

Research activities, even of a minor nature, must be conducted by any student/volunteer with the full respect for the rights and dignity of participants and with full concern for their welfare. All research must be approved in advance through Center channels.

### Additional Information

Further explanation of this Code of Ethics can be found in the Center's Personnel Policy and Procedure Manual. Each student/volunteer is responsible for understanding this Code and seeking direction from their supervisor if any questions of ethics or conduct arise.

I will abide by the above Code of Ethics.

\_\_\_\_\_  
Signature of Student/Volunteer

\_\_\_\_\_  
Date

**CONFIDENTIAL**

**STUDENT/VOLUNTEER EMERGENCY NOTIFICATION FORM**

Student/Volunteer Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Other Emergency Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Relationship: \_\_\_\_\_

Choice of Hospital (if necessary): \_\_\_\_\_

Family Doctor's Name & Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Major Medical Problems: \_\_\_\_\_

Work Unit: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**CONFIDENTIAL**