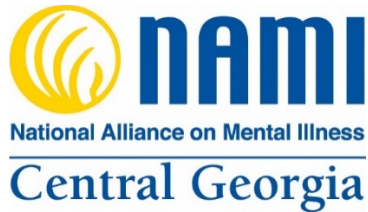


National Alliance on Mental Illness

Central Georgia

NewHope Center

| (478) 328 – 0508 office | (478) 449 – 8909 FAX



Thank you for showing an interest in NAMI of Central Georgia. NAMI is America's largest grassroots organization dedicated to improving the lives of individuals and families affected by mental illness. NAMI of Central Georgia is the **only** NAMI affiliate owned and operated in state, non-profit, licensed group home dedicated to serving individuals and families affected by mental illness.

Please read this internship packet closely. Enclosed you will find the following documents:

- Student Internship Application
- Intern information and code of conduct
- Confidentiality and release of liability forms
- GBI consent for criminal background check
- General task list

In addition to the attached paperwork, student interns will be required to pay for the following items:

| | |
|------------------|---------|
| Background Check | \$17.00 |
| Drug Test | \$30.00 |
| NAMI Membership | \$40 |

Additional requirements include a **TB skin test**. **This is your responsibility**. Please consult your primary care physician, Health Department and/or other agencies such as Macon Occupational Medicine.

All Student Interns are required to wear scrubs and closed-toe shoes while working onsite. Scrubs may be purchased at Goodwill or any medical clothing establishment. Any color or pattern is permitted.

Please fill out the information attached and return as soon as possible. Once your information is received, an interview will be set up by our Executive Assistant.

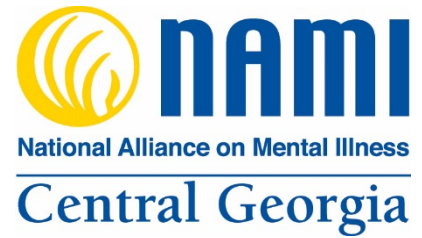
Call, email or text should you have ANY questions or concerns! Be sure to visit us at the following locations and like our Facebook page, www.namiofcentralga.org | website and <https://www.facebook.com/namicentralga> | Facebook. We look forward to providing you with a great educational experience.

Respectfully,

NAMI Central Georgia | 209 Elberta Rd, Warner Robins, GA 31093 | (478) 328-0508 office

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NAMI Central Georgia
209 Elberta Road, Warner Robins, GA
(478) 328 - 0508 | office
(478) 449 – 8909 | fax
www.namiofcentralga.org | website
<https://www.facebook.com/namicentralga> | Facebook



Application for Internship

First Name _____ Middle Initial _____ Last Name _____

Date of birth ____/____/____

Social Security Number ____/____/____

Street Address _____

City, State, Zip Code _____

Home Phone Number: _____ - _____

Cell Phone Number: _____ - _____

Alternate Phone Number: _____ - _____

Email Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone Number: _____ - _____

Cell Phone Number: _____ - _____

Advisor/ Professor over internship: _____

Advisor/Professor's email/phone number: _____

Estimated dates of internship: _____

Semester completing internship: _____

How did you hear about NAMI of Central Georgia?

Availability: (Please list the hours you are available. Use N/A to indicate the day(s) you will not be available)

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

Note: Typical internship hours are Monday through Friday 8:00 am – 4:00 pm. Weekend and alternative hours must be approved by an administrator.

EDUCATION

(please state your education history)

| High School, College, Technical School | City, State | Major/ Program of Study | Degree or Certificate Obtained |
|--|-------------|-------------------------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

INTERNSHIPS

(please list any past internships you have completed)

| College/Tech School | City, State | Organization | Dates |
|---------------------|-------------|--------------|-------|
| | | | |
| | | | |
| | | | |

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WORK EXPERIENCE:

(Please list your current and past work history)

| Name of Employer | City, State | Position(s) Held | Dates of Employment |
|------------------|-------------|------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

VOLUNTEER EXPERIENCE:

(Please list any past volunteer experience including church, community, or non-profit activities)

| Organization | City, State | Position/Event | Dates |
|--------------|-------------|----------------|-------|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Other Relevant Skills: (include any technical skills, professional licenses, certifications, other languages spoken, etc.).

References:

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Name: _____ Phone Number: _____ - _____

Relationship to You: _____

Name: _____ Phone Number: _____ - _____

Relationship to You: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my release.

Intern Signature

Date

Please mail or bring completed application to:

NAMI Central Georgia, Inc.
c/o Internship Department
209 Elberta Road
Warner Robins, GA 31093

478-929-3266

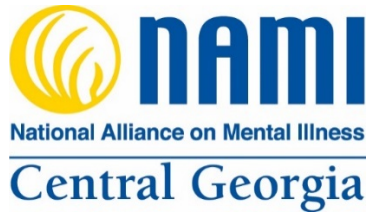
478-328-0508

For Office Use ONLY:

Date Application Received: _____

Reviewed By: _____

Notes:



Media Release Form

I, the undersigned, do hereby grant or deny permission to NAMI of Central Georgia to use my image _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the NAMI of Central Georgia website.

- Deny permission to use my image at all.
- Grant permission to use my image in the following ways (mark all that apply):
- Limited usage: I want my image used within the NAMI of Central Georgia setting only (not in the larger community).
 - Limited usage: I want my image used for educational materials only (not marketing). This could be either within NAMI of Central Georgia or in the larger community. One example of this could be videos in education classes.
 - Limited usage: I want my image used on printed materials only (no digital or video use).
 - Unrestricted usage: I give unrestricted permission for my image to be used in print, video, and digital media. I agree that these images may be used by NAMI of Central Georgia for a variety of purposes and that these images may be used without further notifying me. I do understand that my last name will not be used in conjunction with any video or digital images.

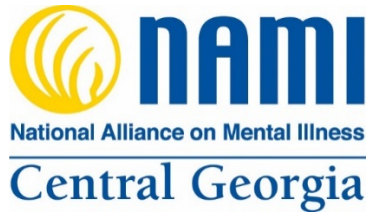
Print Name

Date

Signature

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Confidentiality Policy

Welcome to NAMI Central Georgia, Inc.,

We are pleased to have you intern with us and participate in our programs, services, and activities. As an intern, it is important you understand and abide by NAMI Central Georgia, Inc.'s strict policy of consumer confidentiality. This policy is interpreted to include strict limitations regarding information about consumers, employees, and the business of the agency. In addition, this policy is extended to members attending support groups.

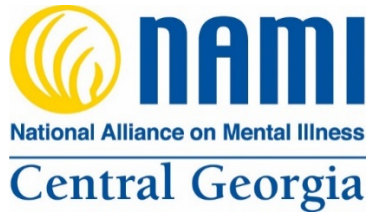
During your internship, you may observe or come into contact with consumers and/or information about consumers and/or employees of NAMI Central Georgia, Inc. You are required to hold any awareness of individuals and related information in confidence. This form will serve as acknowledgement and acceptance of NAMI Central Georgia's policy and guidelines regarding confidentiality.

I (print name) _____ understand and will abide by NAMI Central Georgia Inc.'s policy on confidentiality.

Print Name

Date

Signature



Background Check Authorization Consent Form

I have read and understand the foregoing Disclosure, and authorize NAMI of Central Georgia to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do _____do not_____ authorize you to contact *my current* employer for Employment and Reference Verifications

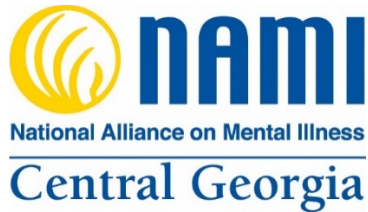
(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

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 the Company.

Printed Name

Intern Signature

Date



AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of NAMI of Central Georgia, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination and/or dismissal. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize NAMI of Central Georgia to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Intern

Date

Intern's Name - Printed

Company Representative

Date

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