



## Application Process for Clinical Volunteers and Interns

1. Email request for consideration to HUGS' Volunteer Coordinator:  
[ellenbhugs@gmail.com](mailto:ellenbhugs@gmail.com) or call the HUGS' Office at 912-417-4320.
2. Schedule a tour along with a brief orientation on HUGS' Mission and Operations as a non-profit serving our community.
3. Applicants must fill out and sign HUGS' General Staff/Volunteer Application form.
4. Request and schedule an Interview with HUGS' Managing Director, Andrea Epting.
5. Start a folder to include the following to bring to your interview:
  - A. \_\_\_\_\_ Completed General Application Form
  - B. \_\_\_\_\_ Copy of ID (Driver's License & School ID)
  - C. \_\_\_\_\_ Current Resume
  - D. \_\_\_\_\_ Copy of Liability Insurance Naming HUGS & Your Supervisor as Insured
  - E. \_\_\_\_\_ Background Check Authorization
  - F. \_\_\_\_\_ HUGS' Policies & Procedures/Contract
  - G. \_\_\_\_\_ Confidentiality Waiver signed
  - H. \_\_\_\_\_ Plan for Supervision
  - I. \_\_\_\_\_ Transcripts from Masters Program/or State License Number
6. After Interview and Verbal Acceptance to join HUGS' Clinical Staff, you will complete the following:
  - A. \_\_\_\_\_ Sign Contract (Last page of Policies & Procedures)
  - B. \_\_\_\_\_ Set up HUGS' Gmail account (explained in Policies & Procedures)
  - C. \_\_\_\_\_ Have picture taken for Name Badge
  - D. \_\_\_\_\_ Attend staff Orientation & Training - Contact Ms. Ellen for details.



## Volunteer Application

Please Print

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

I am applying as a  Clinical Staff Volunteer  Masters Intern  Clerical Staff Volunteer  
 Other: \_\_\_\_\_

Emergency Contact – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Volunteer: \_\_\_\_\_

List Any Health Concerns/Conditions:

\_\_\_\_\_

(Please attach any additional information and/or medical instructions, including preferred hospital.)

Professional Liability Insurance Carrier: \_\_\_\_\_

Level & Area of Education Completed: \_\_\_\_\_

School Affiliation: \_\_\_\_\_

Place of Employment & Position: \_\_\_\_\_

How did you hear about HUGS?

\_\_\_\_\_

How do you prefer to be contacted for volunteer work opportunities?

Phone  Text  Email

List your availability for volunteering (days, times, hours per week).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue on Back

**Volunteer Opportunities**  
**Please check your areas of interest and expertise.**

- Clinical therapy (Must have license or be an approved Masters level intern)
- Office Work/Receptionist     Marketing and/or Public Relations
- Fundraising     Educational Seminars     Computers
- Building Maintenance     Arts & Crafts (Motivation-4-Change Program)
- Recreational Therapy     Youth Programs     Outreach (Community Contacts)

- Check**     I have read the HUGS’ brochure, understand the mission of the organization, and I agree to uphold the values it promotes.
- I agree that the above information is accurate to the best of my knowledge, and I will notify HUGS of any changes as they occur.
- I will NOT hold HUGS (Heads-Up Guidance Services) responsible for any injuries/accidents, lost/stolen items, or damages incurred while on their property or volunteering for the HUGS organization.
- I have attached a copy of my identification (Driver’s License).
- I have signed a Confidentiality Waiver, and agree to a background check.

Staff/Volunteer:

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Signature	Printed Name	Date
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HUGS Authorized Personnel/Witness:

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Signature	Printed Name	Date
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**We value our staff and volunteers and sincerely appreciate your application.  
Call 912-417-4320 with questions.**