



**Gateway Healthcare**  
A Lifespan Partner



**APPLICATION FOR INTERN / VOLUNTEER PLACEMENT**  
**All Applicants Are Required To Complete This Form**

**Effective July 1, 2013 Gateway Healthcare Inc., a Lifespan Partner, does not hire users of tobacco products.**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Address Street</b>	<b>City</b>	<b>State Zip Code</b>
<b>Telephone Number (s)</b>	<b>Cell Phone</b>	<b>Social Security Number</b> - -
<b>Volunteer Position Applied For:</b>		<b>Date of Application:</b>
<b>Email Address</b>		<b>Date available for start:</b>
<b>Have you ever <u>INTERVIEWED</u> with Gateway or its Affiliates?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If So, Give Date:</b> _____		
<b>Have You Ever Been <u>EMPLOYED</u> By Gateway or Any Affiliate?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If So, Provide Date(s) and Agency:</b> _____		
<b>Have You Ever Been <u>EMPLOYED</u> By a Lifespan Partner?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If So, Provide Date(s) and Agency:</b> _____		
<b>How Did You Hear About Us? (check one)</b> Advertisement <input type="checkbox"/> Job/Career Fair <input type="checkbox"/> Internet <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____		
<input type="checkbox"/> <b>Employee Referral - Employee Name:</b> _____		

<b>Highest Level of Education Completed:</b>	<b>Program or Degree:</b>
<b>Current School or College:</b>	<b>Anticipated Date of Graduation:</b>
<b>Faculty Advisor &amp; Contact Information:</b>	
<b>Anticipated Start Date for Placement:</b>	<b>Anticipated End Date for Placement:</b>
<b>Number of Hours Anticipated for Placement:</b> _____ <b>per week / total</b>	
<b>Days / Hours Available:</b>	

**EMPLOYMENT/EXPERIENCE**

**Begin with your present or last job. Include any job related military service assignments and volunteer activities. Gateway will contact the employers listed below as part of the agency's background investigation of all prospective employees.**

<b>Employer</b>	<b>Dates Employed</b>		<b>Job Duties/Responsibilities</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Phone Number(s)</b>	<b>Hourly Rate Salary</b>		
<b>Job Title</b>			
<b>Supervisor</b>	<b>Reason for Leaving</b>		

<b>Employer</b>	<b>Dates Employed</b>		<b>Job Duties/Responsibilities</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Phone Number(s)</b>	<b>Hourly Rate Salary</b>		
<b>Job Title</b>			
<b>Supervisor</b>	<b>Reason for Leaving</b>		

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	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Phone Number(s)</b>	<b>Hourly Rate Salary</b>		
<b>Job Title</b>			
<b>Supervisor</b>	<b>Reason for Leaving</b>		

**EDUCATION**

	<b>Name and Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma/Degree</b>
<b>Elementary</b>				
<b>High School</b>				
<b>College</b>				
<b>Graduate</b>				
<b>Other</b>				

INDICATE ANY LANGUAGE YOU CAN SPEAK, READ AND/OR WRITE, INCLUDING ENGLISH			
	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

**DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, EXTRA CURRICULAR ACTIVITIES, AND VOLUNTEER SERVICES WHICH YOU BELIEVE ENHANCE/RELATE TO THE ABILITIES NECESSARY FOR THE POSITION BEING SOUGHT.**


**LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD WHICH YOU BELIEVE ENHANCE/RELATE TO THE ABILITIES NECESSARY FOR THE POSITION BEING SOUGHT.**


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All offers of volunteer placement are ***conditional*** until information on this form has been checked. Gateway Healthcare or its affiliates may revoke any offer if it finds that the applicant's responses are false, misleading or incomplete in any way.

Offers of placement with Gateway Healthcare or its affiliates are made solely by Gateway Healthcare Human Resource representatives. Gateway Healthcare or its affiliates are subject to numerous legal and ethical requirements related to the health and safety of its employees and consumers. As one mechanism to assure compliance with some of these requirements, all applicants are required to complete the following. **A "false" to any of the below does not necessarily disqualify a person from employment.**

- 1. I am not included on Rhode Island's child abuse and neglect tracking system (CANTS). True       False
- 2. I do not have, nor have I ever had, a consumer or business relationship with Gateway or its affiliates. True       False

\*\*\*If false, with what entity is/was your relationship? \_\_\_\_\_

- 3. To my knowledge, no one in my family ("family" shall be defined as spouse, partner, brother, sister, or parent) or an individual with whom I have a close personal relationship has or has had a business or consumer ("consumer" shall be defined as individuals who are receiving or have received clinical services) relationship with a Gateway or Affiliate Provider. True       False

- 4. I have not been sanctioned/penalized by any agency of the federal government. True       False

5. If I am a licensed professional, my license is current and I am in good standing with my professional organization in Rhode Island. True  False
6. If you are under 16 Years of age, can you provide required proof of Your Eligibility to work?  Not Applicable  YES  NO
7. Are you a user of tobacco products?  YES  NO
8. Are you authorized to work for any company in the United States of America?  YES  NO

**Proof of citizenship or immigration status will be required upon employment**

We consider applicants for all positions without regard to race, color, religion, creed, or gender, national origin, age, disability, marital status or veteran’s status, sexual orientation, gender expression or any other legally protected status.

**We Are An Equal Opportunity Employer**

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for volunteer placement as may be necessary in arriving at an employment decision.
- I  **Authorize**  **Do Not Authorize** GHI to contact the employers listed herein, and to request and obtain any such information it deems relevant to the employment decision.
- I hereby understand and acknowledge that any employment with Gateway Healthcare, Inc. or its Affiliates is of an “at will” nature, which means that I may resign at any time and that Gateway Healthcare, Inc. or its Affiliates may discharge me at any time with or without cause. I also understand that no policy, manual or other document, conduct, or representation by or on behalf of Gateway Healthcare, Inc. or its Affiliates can change the “at will” nature of my employment unless and until an authorized executive of Gateway Healthcare, Inc. expressly states in writing that the nature of my employment is changing to other than “at will” and the executive signs it is his/her official capacity.
- I understand that a BCI background check will be conducted. I understand that if I am applying for a position within a children’s/substance abuse program, a CANTS/BCI background check will be conducted. I understand that employment is contingent on the results of a CANTS and/or BCI background check.
- In the event of volunteer placement, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Organization.

By my signature below, I certify that the above information is accurate. I understand that any offer of placement will be conditional until the above information has been confirmed. If Gateway Healthcare, Inc. or its Affiliates finds that any of the above information is false, misleading or incomplete, it may be revoked, even if such determination is made after I start my internship/volunteer work.

\_\_\_\_\_  
**Volunteer Applicant Signature**

\_\_\_\_\_  
**Date**