

Volunteer & Internship Descriptions:

Support Counselor- Assisting autistic children with communication, sensory & behavioral skills.

- **Requirements:** Would need to be available in the evenings, will be fingerprinted before able to work hands on with the children. Should dress in comfortable clothing (ready to play)
- **Department:** ASAP
- **Suggested Majors:** Psychology, Education, Human Studies

Medical Assistant- Assisting the RN with medical charts and filing. Will observe the administrations of treatments and feedings.

- **Requirements:** Would need to be available during week day hours. Will be fingerprinted. Wear scrubs or a lab coat.
- **Department:** Medical Day
- **Suggested Majors:** Pre-Med, Nursing

Business Development- Establishing Cost of operations.

- **Requirements:** Would need to be available during week day hours & will be fingerprinted.
- **Department:** League Industries
- **Suggested Majors:** Business, Finance, Marketing

Production Trainer- Assist in the oversight of the production procedures and assist in maintaining order on the work floor.

- **Requirements:** Would need to be available during week day hours & will be fingerprinted.
- **Department:** League Industries
- **Suggested Majors:** Business Management

Quality, Compliance & Risk Management- Will assist and observe the managements of polices and procedures. Will help ready data and charts to support grants by assisting with in-house audits.

- **Requirements:** Will need to be available during weekday hour & will be fingerprinted
- **Department:** Administration
- **Suggested Majors:** Business Management, Pre-Law

Computer Assistant- Will assist Vocational clients with writing and maintaining their resume, as well as assisting them in applying for jobs online.

- **Requirements:** will need to be available one or two weekday hours out of the week 7 will be background checked.
- **Department:** Vocational Services
- **Suggested Majors:** Education, Social work, psychology

Office Assistant- To assist with organization of computer databases and filing.

- **Requirements:** will need to be available during the weekday hours and will be fingerprinted.
- **Departments:** Administration, ASAP, Day Habilitation, Vocational Services
- **Suggested Majors:** Human Resources, Business Administration, Planners

Communications Assistant- Help update and manage the website, facebook, and tweeter, with our latest & up and coming events. Individual will be supplied with information and documentation to post.

- **Requirements:** Computer savvy
- **Department:** Marketing & Development
- **Suggested Majors:** Marketing, Communications, Computer Technology, Entrepreneurship

Build-You-Own- This Internship position is under the Development and Marketing Department at The League for People with Disabilities. Each year the Development program and Board develop a new Marketing idea which is then given to the Intern to put into action. The intern is literally able to build there own program from the inside out. Developing budget, predicting out come and putting it into action!

- **Requirements:** Needs to be available during weekday hours, and will be fingerprinted.
- **Department:** Development & Marketing
- **Suggested Majors:** Entrepreneurship, Business Management, Communications, Marketing, Telecommunications & Business Administration.

Movement Management- will help assist clients with their physical rehabilitation needs under the supervision of certified and trained staff, both on land and in the water.

- **Requirements:** Needs to be available during weekday hours, and will be fingerprinted.
- **Departments:** Medical Day, Health & Wellness
- **Suggested Major:** Pre-Med, Physical Therapy, Personal Training

**VOLUNTEER
& INTERN
APPLICATION**



ADULT DAY SERVICES
ADULT DAY FOR SENIORS

LEAGUE INDUSTRIES
THE LEARNING CENTER

THE LEAGUE
FOR PEOPLE WITH DISABILITIES, Inc.
Putting Ability First

CAMP GREENTOP
THE WELLNESS CENTER

VOCATIONAL
REHABILITATION SERVICES

APPLICATION FOR VOLUNTEER & INTERN SERVICES

- Mr.
- Mrs.
- Ms.
- Miss

Name: _____
(Last)
(First)
(Middle)

Address: _____
(Number)
(Street)
(Apt.)

(City or County)
(State)
(Zip Code)

Home Phone: _____ Business Phone: _____

In Case of Emergency, Notify: _____

Telephone: _____ Relationship: _____

Education	Name and Location of School	Dates To/From	Major	Degree Title & Date

Work Experience: (Include Part-Time and Volunteer Experience)

Name of Employer	Type of Work	From	To

Organization and/or Schools you are affiliated with, if any _____

References

Name and Address	Telephone Number	Relationship	Years Known

What or who interested you in volunteering?

What kind of volunteer work would you like to do?

Which days and times are you available?

Date you are available to begin volunteering?

Dates and description of other volunteer experiences you have had.

Special skills you may have. i.e. Software, Xerox

Hobbies, special interest

Signature: _____

Date: _____

To be completed after being accepted as a volunteer

- | | | |
|---------------------|----------------------------|------------------------|
| _____ Handbook | _____ References Required | _____ Assignment |
| _____ ID Badge | _____ Reference Check | _____ Starting date |
| _____ Tour | _____ Supervisor | _____ Days & Hours |
| _____ Orientation | _____ Job Description | _____ Resignation Date |
| _____ First Aid/CPR | _____ Other Certifications | |



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Putting Ability First

**APPLICATION FOR EMPLOYMENT/ VOLUNTEERING/ INTERNSHIP
AUTHORIZATION TO RELEASE INFORMATION**

The League for People with Disabilities, Inc, has the right to verify information provided in this application. False information may be grounds for rejecting this application or for dismissal following employment.

In connection with this application for employment, I authorize The League and any agent acting on it's behalf to conduct an inquiry into any information contained in this application, including, but not limited to, employment records.

Moreover, I hereby release The League and any agent acting on it's behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Yes _____ No _____ (We may be unable to hire without this information)

I declare that any statement in this application or information provided, is true and complete and hereby acknowledge that I have read and understand the application and it's contents.

Signature of Applicant: _____ Date: _____

I, _____, hereby authorize The League for People with Disabilities or any representative acting on it's behalf, to review any record of the Maryland State Police or a comparable agency in an other state or country relating to me, and to abstract and have photocopied any and all of such records.

If you are denied employment based on information received as part of this investigation, you have the right under the Fair Credit Reporting Act to know the information contained in your file at the agency. You also have the right to obtain a copy of the Agency's report, if you submit a written request to the agency no later than 60 days after you receive notification of the denial of your employment. Under the Fair Credit Reporting Act, if you find that any information contained in the Agency's report is inaccurate or incomplete, you also have the right to dispute the information with the Agency.

This authorization shall continue until revoked by me in writing.

Signature of Applicant: _____ Date: _____



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PRE VOLUNTEER DRUG TESTING

The League is concerned with the safety, health and well-being of all it's employees and clients, as well as the quality of the services we provide. Misusing alcohol, drugs and controlled substances jeopardizes our ability to serve our clients. Therefore, we require applicants to undergo a pre-employment test for the presence of drugs and illegal substances to the extent allowable under applicable state and federal law. Positive results will cause the disqualification of the individual to the extent permissible under the law. We require that you complete this consent and release form in accordance with this policy.

I, _____, do hereby consent to undergo a pre-employment drug test as part of my application with The League. I understand that further consideration for employment may depend upon the results of this test as well as other factors to the extent permitted under applicable state and federal law. Further, I authorize the clinic, laboratory, hospital, or testing facility to release to The League, it's agents, doctors, staff, and medical personnel from any and all liability arising from the release or use of this information.

Signature _____

Date _____



THE LEAGUE

FOR PEOPLE WITH DISABILITIES, Inc.

Putting Ability First

ADULT & SENIOR MEDICAL DAY SERVICES • LEAGUE INDUSTRIES • VOCATIONAL SERVICES
CAMPING & THERAPEUTIC RECREATION • THE WELLNESS CENTER

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

SIGNATURE

DATE

(THIS STATEMENT MUST BE ATTACHED TO ALL EMPLOYMENT APPLICATION IN THE STATE OF MARYLAND)