



# Volunteer Application



**PLEASE TYPE OR WRITE LEGIBLY. COMPLETE ALL PAGES OF THE APPLICATION. WRITE N/A IN THE BLANK IF IT DOES NOT APPLY. THANK YOU!**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Today's Date \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

phone ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

*If less than one year, please list your previous address*

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Volunteer Interest

Please check the activities below, which you are most interested in:

- Clerical (data entry, photocopying, word processing, filing, bulk mailing, special projects)
- Community/Public Awareness Event Volunteer: (distribute pamphlets, brochures, and other education material at information fairs)
- Fund-raising Support (assisting with various fund-raisers: Auction, Golf Scramble, Spirit Games)
- Special Event Volunteer (represent the CAN Council at a Collaborative Community Event: Home Builders Show, Halloween)
- Committee Member (check all that you are interested in)
  - Education & Training
  - Public Awareness
  - Fund Raising
- CASA (Court Appointed Special Advocate) Volunteer
- Internship (non-paid) – CAC program, CASA program or CAN Internship
- Social Work students (40 – 120 hours)

Please list possible availability: (Check all that apply)

- Daytime
- Evenings
- Weekdays
- Weekends

Hours: \_\_\_\_\_

List previous experiences (volunteer, paid, or educational) that would assist you in your role at the CAN Council

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Why do you wish to volunteer with the CAN Council?

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Please complete the reverse side.

How did you learn about volunteer opportunities available through the CAN Council? \_\_\_\_\_

Is it necessary for you to limit your physical activity in any way? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Individual to be notified in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Education**

High School

Name \_\_\_\_\_ City/State \_\_\_\_\_

Circle last year completed 9 10 11 12 GED Date completed \_\_\_\_\_

College

Name \_\_\_\_\_ City/State \_\_\_\_\_

Circle last year completed: 13 14 15 16+ Dates attended \_\_\_\_\_

Degree/Field of Study \_\_\_\_\_

**Previous Employment**

Employer	Position	Dates

The following information is used only to determine diversity of council volunteers. Completion is optional.

African American  Caucasian  Hispanic  Asian/Pacific Islander  Native American

*I certify that the information given in this application is correct to the best of my knowledge, and permission is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this application may result in my dismissal.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

Orientation \_\_\_\_\_ Database \_\_\_\_\_ Copy to \_\_\_\_\_ Records Check \_\_\_\_\_ DHS Check \_\_\_\_\_

Interview \_\_\_\_\_ Policies/Procedures \_\_\_\_\_ Confidentiality Statement \_\_\_\_\_

**Please list three professional references:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Because of the sensitive nature of our work, we request the following information.**

1. Have you ever been convicted of anything other than a minor traffic violation? \_\_\_\_\_ If yes, what was the offense(s)? \_\_\_\_\_

Date(s) convicted \_\_\_\_\_ End of probation, parole, or court jurisdiction \_\_\_\_\_

2. Have you ever had any felony charges pending against you? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

3. Have you ever had a personal protection order against you? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

4. Have you ever been involved in the abuse or neglect of a child or adult? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

5. Have you ever been involved with a Protective Service Agency? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

7. List all addresses from the last seven years.

Address

City/State/Zip

Dates

Address	City/State/Zip	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Are you willing to sign a release of information of any and all criminal records? \_\_\_\_\_ Yes \_\_\_\_\_ No



Together we CAN stop child abuse and neglect.

1311 N. Michigan Ave.  
Saginaw, MI 48602  
(989) 752-7226

**NAME CHECK AUTHORIZATION**

I, \_\_\_\_\_ HEREBY AUTHORIZE the CAN Council of Saginaw County to obtain information **pertaining to any driving records as well as past/ current educational information and any charges and/or convictions I may have had for federal and state criminal law violations.** . This information will include but not be limited to allegations and convictions for crimes committed upon minors and gathered from State Police Central Records Division in specific states, the Child Abuse Central Registry and from various agencies to the extent permitted by state and federal law.

I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of the CAN Council, CASA program and CAC programs. I further hereby hold harmless the CAN Council and/or its representatives from any actions which may be taken upon receipt of this information.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION:

**(Please Print)**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number # \_\_\_\_\_ or

Michigan ID # \_\_\_\_\_

Race \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number # \_\_\_\_\_

## REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan  
Michigan Department of Human Services

**INSTRUCTIONS:** Complete the following information and submit request to your **LOCAL** Department of Human Services (DHS) Office. See [www.michigan.gov/canregistryclearance](http://www.michigan.gov/canregistryclearance) for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known		

Indicate below how you want to receive the results of the central registry clearance:

I would like the results mailed to the address on my picture identification.

IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.

I would like to pick up the results from the local DHS office.

IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.

I would like the results mailed to:

Employer/Potential Employer

Volunteer Agency

Child Abuse and Neglect Council  
1311 N. Michigan Avenue  
Saginaw, MI 48602

Child Abuse and Neglect Council  
1311 N. Michigan Avenue  
Saginaw, MI 48602

IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.

Signature of Requestor	Signature of DHS Staff Person Completing Request

AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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