



# Volunteer Application

RETURN THE COMPLETED APPLICATION TO:  
CAN Council Great Lakes Bay Region  
Volunteer Department  
1311 N. Michigan Ave. • Saginaw, MI 48602

Please type or print legibly and complete all pages of the application. Write "N/A" in the blank if the field does not apply.

Date of application \_\_\_\_\_

## CONTACT INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## EMPLOYMENT

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

## EDUCATION

High school \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Year completed \_\_\_\_\_

College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Year completed \_\_\_\_\_

Field of study \_\_\_\_\_

## EMERGENCY INFORMATION

Is it necessary for you to limit your physical activity in any way? No  Yes

If yes, please explain: \_\_\_\_\_

### Emergency contact information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

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

*Please complete the reverse side*



**VOLUNTEER INTEREST**

How did you learn about CAN Council's volunteer opportunities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check the county you are interested in working in:

- Saginaw**
- Bay City**

Check the volunteer activities that you are interested in:

- CASA** - Court Appointed Special Advocate (CASA) Volunteer
- Children's Event Assistant** (distribute parent packets and assist with children's activities)
- Council Representative** (distribute pamphlets, brochures and other educational material at information fairs and outreach events)
- Event Planning Committee Member** (check all that you are interested in):
  - Mardi Gras Auction
  - Wine Event
  - Golf Scramble
  - Ducky Derby
  - Trivia Contest
- Office Assistant/Clerical** (data entry, photocopying, word processing, filing, bulk mailing, special projects)
- Pinwheels for Prevention Campaign Assistant** (assist in coordinating activities during the month of April - Child Abuse Prevention Month)
- Special Events** (represent the CAN Council at a Collaborative Community Event )
  
- Internships** (non-paid; introduces applicants to the field of social work/human service as a profession) :
  - CAN Program
  - CAC Program (Bachelor's/Master's level)Hours needed \_\_\_\_\_ Start date \_\_\_\_\_ Completion date \_\_\_\_\_

Volunteer availability:

- Monday Hours \_\_\_\_\_
- Tuesday Hours \_\_\_\_\_
- Wednesday Hours \_\_\_\_\_
- Thursday Hours \_\_\_\_\_
- Friday Hours \_\_\_\_\_
- Saturday Hours \_\_\_\_\_
- Sunday Hours \_\_\_\_\_

## SKILLS

### Computer skills

Microsoft Word  Microsoft Excel  Microsoft PowerPoint  Internet

### Office skills

Phone system  Office equipment  Bulk mailing  Organizing/filing  Data entry

### Communication skills

Public speaking  Writing/editing  Teaching/training

### Advanced skills

Fundraising  Grant writing  Web publishing  Adobe InDesign  Adobe Photoshop

Foreign languages: \_\_\_\_\_

Other skills: \_\_\_\_\_

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

Why do you wish to volunteer with the CAN Council? \_\_\_\_\_

## PREVIOUS EMPLOYMENT

List your previous employers, position titles and years of employment.

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

## REFERENCES

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

**BECAUSE OF THE SENSITIVE NATURE OF OUR WORK, WE REQUEST THE FOLLOWING INFORMATION**

Have you ever been convicted of anything other than a minor traffic violation?  Yes  No

If yes, what was the offense(s)? \_\_\_\_\_

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

Have you ever had any felony charges pending against you?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever had a personal protection order against you?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been involved in the abuse or neglect of a child or adult?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been involved with a Protective Service Agency?  Yes  No

If yes, please explain \_\_\_\_\_

List all addresses from the last seven years.

Address	City/State/Zip	Dates

We are requesting EEO information on a voluntary basis. We are striving to recruit a diverse pool of volunteers that reflects the children and families we serve. The information collected is confidential.

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- Native American/Alaskan
- Multi-Cultural

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 \_\_\_\_\_

**Please complete the Background Check Authorization Form and return with your application.**

<b>For office use only:</b>							
Volunteer Log _____	ICHAT/MISPOR Checks _____	CAC check _____	DHS Check _____	Interview _____			
Database _____	Orientation /Training _____	Policies/Procedures _____	Confidentiality Statement _____	Photo Form _____			



CAN Council Great Lakes Bay Region  
Volunteer Department

## BACKGROUND CHECK AUTHORIZATION

**Please Provide A Copy Of Your Drivers License.**

I, \_\_\_\_\_ HEREBY AUTHORIZE the CAN Council Great Lakes Bay Region 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 \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE.**