



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.

For office use only:
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.