



# Volunteer Application

Your contribution brings our mission of "building communities where children are free from abuse and neglect" to fruition.

**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.

## CONTACT INFORMATION

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## EMERGENCY INFORMATION

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

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

### Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## EMPLOYMENT

Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

## PREVIOUS EMPLOYMENT

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

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

Please complete the next page.



## EDUCATION

High School \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Year Completed \_\_\_\_\_  
College \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Year Completed \_\_\_\_\_  
Field of Study \_\_\_\_\_

## 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 \_\_\_\_\_

## SKILLS

Check all that apply:

**Computer Skills:**

- Microsoft Suite
- Website Design
- Adobe Creative Suite
- Social Media Marketing
- Graphic Design
- Database Administration

**Communication Skills:**

- Public Speaking
- Writing/Editing
- Customer Service
- Community Outreach

**Advanced Skills:**

- Fundraising
- Management
- Grant Writing
- Event Planning
- Interior Design
- Videography
- Photography
- Landscaping
- Building Maintenance

Foreign languages (if applicable): \_\_\_\_\_

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

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

\_\_\_\_\_

**VOLUNTEER INTEREST**

How did you learn about the CAN Council? \_\_\_\_\_  
\_\_\_\_\_

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

Check the county you are interested in working in:  **Saginaw**       **Bay City**

Check the volunteer activities that you are interested in:

- CANbassador:** Champion community and outreach events, host facility tours, and be a "Friend-Raiser" to help attract more involvement and raise awareness about CAN Council's mission.
- CASA:** Become a Court Appointed Special Advocate (CASA) and advocate for children who are in the court system due to abuse or neglect.
- Special Event Planning Committee Member:** Attend regularly scheduled meetings, assist with corporate sponsorship solicitation, auction item acquisition, and marketing (check all events that you are interested in):
  - Mardi Gras Auction     Dine & Unwind     Ducky Derby & Family Fun Fest     The Brain Game     Superhero Hockey Night
- Special Event Volunteer:** Take on a variety of roles that vary from day-of event set-up, guest assistance, raffle ticket sales, or clean-up.
- Pinwheels for Prevention Committee:** Assist in the planning and coordinating of April's Child Abuse Prevention Month.
- Unpaid Internships:** Take advantage of various learning opportunities within our Administration team, Children's Advocacy Center (CAC), Court Appointed Special Advocate (CASA) Program, and Child Abuse Prevention Education (CAPE) Program.

Hours Needed \_\_\_\_\_ Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Volunteer availability:

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

**BACKGROUND CHECK**

*Due to the sensitive nature of our work, the CAN Council requires all volunteers undergo a background check.*

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgement), or are there any pending criminal charges awaiting a hearing?  
 Yes     No

If you answered YES, please describe all convictions including when they occurred, the acts and circumstances involved, and information pertaining to rehabilitation.  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

<b>For office use only:</b>					
Volunteer Log _____	Background Check _____	CAC Check _____	CRC Check _____	SOC _____	
Database _____	Interview _____	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.**

# CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here  
or  
Attach a Separate Page

## SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared			Date
Also Known as Name (AKA)	Social Security Number			Date of Birth
Address	City	State	Zip Code	
Phone Number	Email			
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results _____ County (For Michigan Residents Only).				

## SECTION 2 REQUESTER INFORMATION

Please Check Appropriate Box

Employer    
  Volunteer Agency    
  Adoption/Foster Care Home Screening    
  Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney

Name of Agency or Organization \_\_\_\_\_

Name of Requester \_\_\_\_\_

Address	City	State	Zip Code
Email	Fax		
		Phone Number	

**Employers/Volunteer Agencies** will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627i). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.