



Group 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.

GROUP INFORMATION

Name of organization _____ Date of application _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

CONTACT INFORMATION

Name _____ Position in group _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

ALTERNATIVE CONTACT

Name _____ Position in group _____
Phone _____ Email _____

VOLUNTEER INTEREST

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

Why is your group interested in volunteering? _____

The date or dates your group plans to volunteer on: _____

How many individuals from your group will be volunteering? _____

Are you interested in volunteering as a group more than once?

Check the county you are interested in working in:

- Yes, we would like to volunteer more than once.
- No, we would only like to volunteer this one time.
- We are undecided.

- Saginaw**
- Bay City**

Please note: Due to the sensitive nature of our work, the CAN Council requires all volunteers to undergo a background check. Individuals from your group who intend on volunteering with the CAN Council must submit a Background Check Authorization Form to the CAN Council's Volunteer Coordinator at least 24 hours prior to scheduled volunteer date.





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.