



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: Bay Huron Saginaw

Check the volunteer activities that you are interested in:

- CANbassador:** Champion 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):
 - The Brain Game (Sag) Dine & Unwind (Bay) Ducky Derby & Family Fun Fest (Bay) **Golf Outing (Huron)**
 - Mardi Gras (Sag)** **Roof Sit (Huron)** **Superhero Hockey Night (Sag)** **Tip Night (Huron)**
- 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 _____

For office use only:						
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
Child Abuse & Neglect (CAN) Council Great Lakes Bay Region

Name of Requester
Katie Bell

Address 1311 N. Michigan Avenue	City Saginaw	State MI	Zip Code 48602
Email kbell@cancouncil.org	Fax (989) 752-2777	Phone Number (989) 752-7226	

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.