

Background Check Authorization

I, _____, hereby authorize the Shiawassee Council for Child Abuse Prevention of Shiawassee County to obtain information pertaining to any charges and/or convictions I may have had for local, state or federal criminal law violations. This information will include, but not be limited to, allegations and convictions for crimes committed upon minors and will be gathered from the Michigan State Police Central Records Division in Lansing, Michigan to the extent permitted by state and federal law. This information will be confidential and will be released. I, further, hereby hold harmless the Shiawassee Council for Child Abuse Prevention and/or its representatives from any actions which may be taken upon receipt of this information.

Printed Name

Signature

Date

VOLUNTEER APPLICATION

Name: _____

Tell us about yourself:

Why do you want to volunteer for the Shiawassee Council for Child Abuse Prevention _____

What program do you want to volunteer for? Child Advocacy Center, Prevention Education Programs, Baby Pantry, Other? _____

How did you hear about the Council for Child Abuse Prevention? _____

What about you would make you a good Volunteer? _____

Do you have any lifting restrictions or other physical limitations? _____

Have you ever been charged or convicted of a misdemeanor or felony? If yes, please explain thoroughly. _____

Have you ever been involved in the abuse or neglect of a child or adult? If yes, please explain thoroughly. _____

In order to volunteer at the Shiawassee Council for Child Abuse Prevention, including any volunteer time at the Child Advocacy Center, Prevention Education Programs or Baby Pantry, you will need to agree to a Criminal Background Check and Michigan Central Registry Clearance. Are you willing to have these background checks completed prior to volunteering? _____

Is there anything else that you would like us to know about you? Hobbies, children, family, special interests: _____

How would you like to be recognized as a volunteer: (check any that apply)

___ Annual recognition event ___ Certificate ___ Thank you basket
___ Gift Certificate ___ Other: _____

VOLUNTEER APPLICATION DATA

Name: _____ Date of Birth: _____

Maiden Name: _____

Other Present or Previous Names: _____

Complete Present Home Address: _____

City: _____ State: _____ Zip Code: _____

Complete Previous Addresses (#, street, city, state, zip code):

Day Telephone Number: (____) _____ Night Telephone Number (____) _____

Cell Phone Number: (____) _____ E-mail Address: _____

Fax Number: (____) _____ Emergency Contact: _____

Driver's License Number: _____ (attach copy of photo ID)

Social Security Number: _____

Please list three (3) References that are NOT related to you:

Name Relationship (i.e. teacher, friend, employer) Day Phone #

1) _____

2) _____

3) _____

Please check all of the volunteer activities that interest you & your availability:

___ Computers (data collection/entry) ___ Bulk Mailing or Brochure Folding

___ Fund Development: ___ fundraising ___ donor solicitation ___ other: _____

___ Prevention Education: ___ liaison to school/agency ___ presentations

___ Baby Pantry: ___ clean/sort clothes & equipment ___ liaison to church/agency

___ ___ layettes for newborns ___ pick up donations ___ supply pick-up/deliveries

___ Community Public Awareness: ___ presentations ___ material distribution

___ Council Board of Directors ___ Committee Chair ___ Other: _____

Days and Times of Availability: _____