



## CARE House of Oakland County

44765 Woodward Ave., Pontiac, MI 48341  
248.332.7173, www.carehouse.org

# VOLUNTEER APPLICATION

### **Purpose and Use of Application Information**

Thank you for your interest in working as a volunteer with the *Helping Hands/Shaping Futures* Volunteer Program of CARE House.

The questions in this application are asked as a preliminary assessment of your qualifications as a volunteer. The Volunteer Application contains much of the material included in the Council Staff Application.

### **Volunteer Opportunities: [Please circle the program(s) for which you wish to volunteer]**

The CARE House of Oakland County has a variety of opportunities for volunteers that include:

1. **Child Assistant:** This volunteer provides comfort to children who come to CARE House for an interview concerning allegations of sexual or physical abuse. The volunteer eases the fear of these children by reading, playing games, or taking part in other age-appropriate activities.
2. **Family Support Group:** The Council's therapists offer a weekly support group to many of the children who have been interviewed and disclosed their abuse. The support group also includes the non-offending parents and siblings, and it focuses on positive issues and rebuilding self-esteem damaged by the abuse. Volunteers can participate in activities with children or help to facilitate the parent group.
3. **Stewards of Children:** This program is a primary prevention program to educate the community to recognize the symptoms of abuse and take on that responsibility. Volunteers are trained in Stewards of Children to present this three hour program to community groups.
4. **Janice Morganroth CASA:** This volunteer is trained by the Council and appointed by the 6<sup>th</sup> Judicial Circuit – Family Division, to serve as a special advocate for an abused/neglected child(ren) while under the Court's jurisdiction. The Advocate provides a consistent voice for the child during the Court involvement.
5. **Development/Special Events:** Development is responsible to raise funds for the operations of the Council. At certain times, volunteers are needed to assist in preparing invitations, information packets, or other mailers, and to participate in the events with activities, such as helping with registration or setting up for the event.

### **INFORMATION DISCLOSURE**

As an applicant, your name, job history, education, training, and work availability are public information. All other information will remain private. As a volunteer, your name, job title, job description, dates of volunteering, work location, work telephone number, and time sheets can be made public. All other data about you remains private and will not be shared without your written permission.

# VOLUNTEER APPLICATION

**PLEASE TYPE OR WRITE LEGIBLY USING BLACK INK. COMPLETE ALL PAGES OF THE APPLICATION. THANK YOU!!**

## BACKGROUND INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Are you 18 years old or older? Yes\_\_\_ No \_\_\_

Have you lived in a state other than Michigan in the past five (5) years? Yes No

If yes, where: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Best Time To Call \_\_\_\_\_

OK to call at work? Yes\_\_\_ No\_\_\_ Work Telephone \_\_\_\_\_

Work E-mail: \_\_\_\_\_

**EDUCATION:** (Please list school/college name and degree).

High School: \_\_\_\_\_ Graduated Yes\_\_ No\_\_

College: \_\_\_\_\_ Graduated Yes\_\_ No\_\_

Other: \_\_\_\_\_ Graduated Yes\_\_ No\_\_

**EMPLOYMENT:**

Employer	Position	Dates Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VOLUNTEER EXPERIENCE:**

Organization/Business	Position	Dates Volunteered
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any professional or civic organizations to which you belong: \_\_\_\_\_  
\_\_\_\_\_

How did you learn about the CARE House of Oakland County? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_  
\_\_\_\_\_

Please list any strong interest, knowledge areas, hobbies or special skills that you offer as a volunteer.

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

Are you fluent in another language? Yes \_\_\_ Specify \_\_\_\_\_

What experience or knowledge of children and families (i.e. parenting experience, child care experience, education or work experience) do you have to assist you in serving as a volunteer?

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

Have you had any experience with a human service agency as a staff person, foster parent, volunteer, or client? If yes, please describe.

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

Have you had any experience dealing with the juvenile or family court system? If yes, please describe.

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

In your opinion, how could the system do a better job to protect children?

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

How many hours are you available each week? \_\_\_\_\_

Please indicate morning, afternoon and evening availability:

<b>Mon</b>	AM _____	PM _____	Eve _____	<b>Fri</b>	AM _____	PM _____	Eve _____
<b>Tue</b>	AM _____	PM _____	Eve _____	<b>Sat</b>	AM _____	PM _____	Eve _____
<b>Wed</b>	AM _____	PM _____	Eve _____	<b>Sun</b>	AM _____	PM _____	Eve _____
<b>Thur</b>	AM _____	PM _____	Eve _____				

Some volunteer duties require the use of a car. Would you have an available car covered with liability insurance? Yes \_\_\_ No \_\_\_

Has anyone ever complained about your use of drugs and/or alcohol? Yes \_\_\_ No \_\_\_

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

Were you abused or neglected as a child? Yes \_\_\_ No \_\_\_

Were you ever a victim of a sexual assault? Yes \_\_\_ No \_\_\_

Is there a person close to you who has been neglected or abused? Yes \_\_\_ No \_\_\_

### **CRIMINAL RECORD AND CHILD PROTECTIVE SERVICE CLEARANCE**

**The information requested in this section is essential to conduct the record check, and is required in order to be accepted into the volunteer program. If you choose to withhold this information, you will be ineligible to volunteer. As a volunteer you are obligated to report changes in your ability to drive and/or the loss of vehicle insurance coverage.**

***NOTE: If you have been arrested or convicted of a crime against a child, you CANNOT volunteer at CARE House***

Have you ever been accused of abusing or neglecting a child? Yes \_\_\_ No \_\_\_

If yes, are you on the Central Registry as a result? Yes \_\_\_ No \_\_\_

Have you ever been arrested or convicted of a law violation other than a minor traffic offense? Yes \_\_\_  
No \_\_\_

If yes, what was the offense(s)? \_\_\_\_\_

Date(s) Convicted: \_\_\_\_\_

End of probation, parole or court jurisdiction: \_\_\_\_\_

Please list any additional information you feel would be helpful in assessing your application.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent [if applicant is under 18 years of age]

\_\_\_\_\_  
Date

Complete attached Personal Reference, Release Information, Criminal Background Check, and Confidentiality Form, and return with application.



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**REFERENCES**

*Please list three personal references. One reference should be a co-worker, if employed. One reference can be a relative. (Other examples: minister, teacher, therapist, etc.) References will be contacted.*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

**Permission to Conduct Record Check**

**I hereby give my permission for CARE House of Oakland County to conduct a criminal record check, and/or a Department of Transportation check to obtain information for the purpose of assessing my qualifications.**

**Acknowledgment**

**I declare that all of the preceding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me can disqualify me from consideration, or result in separation at a later time.**

**I understand that a volunteer at the CARE House is an at-will position.**

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Parent Signature [if applicant is under age 18] Date

**NOTE:** Attach any additional information you want to submit.



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**VOLUNTEER & STAFF  
CRIMINAL BACKGROUND CHECK**

*Please complete the necessary information below. All information will be held in strict confidence.*

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Previous Name(s) if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

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**For Completion by Michigan State Police**

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## RELEASE OF INFORMATION

(This form is intended for the protection of the children we serve.)

I authorize the CARE House of Oakland County to verify any of the information contained in my volunteer application. I understand that any false information contained in my application may prevent me from being accepted as a volunteer with the CARE House.

I understand that, if I am accepted as a CARE House Volunteer, I will serve at the will of the agency and I shall be bound by the guidelines of the agency, which will be explained to me during my training. I further understand that failure to comply with these same guidelines may result in my dismissal.

I agree that either party may terminate the voluntary relationship, with or without cause, at any time for any reason.

I understand that I will not be rejected for a volunteer position on the basis of race, creed or religion, color, sex, national origin, age, sexual orientation, handicap or other factors, which cannot be lawfully used as the basis for a decision.

I understand that, in order to volunteer, I must successfully complete with signature a Criminal Background Check and Protective Services Central Registry Clearance. I further understand that failure to sign the Background Check Form, and/or failure to successfully pass the Criminal Background Check and Central Registry Clearance will prevent me from filling a volunteer position.

I give CARE House permission to contact the references that I have listed on my Volunteer Application.

I understand that specific questions will be asked of my references and will include, but not be limited to:

- Length of the time the referral has known me
- Capacity in which referral has known me
- Referral's perceptions of my character
- Referral's perception of my ability to handle stress

In signing this form, I agree that the above information has been explained to my satisfaction and I have complete understanding of its meaning. I further understand that a copy of my signed form will be given to me for my reference.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan  
Michigan Department of Human Services

**INSTRUCTIONS:** Complete the following information and submit request to your **LOCAL** Department of Human Services (DHS) Office. See [www.michigan.gov/canregistryclearance](http://www.michigan.gov/canregistryclearance) for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known		
_____		
_____		

**Indicate below how you want to receive the results of the central registry clearance:**

I would like the results mailed to the address on my picture identification.

**IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.**

I would like to pick up the results from the local DHS office.

**IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.**

I would like the results mailed to:

Employer/Potential Employer

Volunteer Agency

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

**IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.**

Signature of Requestor	Signature of DHS Staff Person Completing Request
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AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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