



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 check 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 Assist:** 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:** CARE House 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. Meeting times are 5:30 pm – 7:30 pm Tuesdays.
3. **Nurturing Parenting Program:** Volunteers are needed for a 15 week program on Thursday evenings for the Parent Group, Children's Group, Infant/Toddlers, and providing a meal for the evening.
4. **Resource Parent Curriculum:** Volunteers are needed for an 8 week program on Wednesday evenings to assist with the children in attendance, engaging in play based activities for a variety of ages.
5. **Family Support Chefs:** Your group can volunteer to prepare a nutritious meal for our children and families on Family Support Night. Scheduling frequency is flexible.
6. **Front Desk Greeter:** A volunteer that is the welcoming presence for children and families as they come to CARE House. Our Greeters welcome the children and families and notify the appropriate staff. They also assist with special projects at the front desk.
7. **Medical Assistant:** Is a health care trained Volunteer who cares for the child and assists the physician during a medical evaluation when a child visits our medical clinic.
8. **Janice Morganroth CASA:** This volunteer is trained by the Council and appointed by the 6th 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.
9. **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: _____

Cell Telephone: _____ Best Time To Call _____

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
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

Mon	AM _____	PM _____	Eve _____	Fri	AM _____	PM _____	Eve _____
Tue	AM _____	PM _____	Eve _____	Sat	AM _____	PM _____	Eve _____
Wed	AM _____	PM _____	Eve _____	Sun	AM _____	PM _____	Eve _____
Thur	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: Home _____ Email _____

2. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: Home _____ Email _____

3. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: Home _____ Email _____

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.



40 YEARS OF HELPING CHILDREN.
**CARE HOUSE
OF OAKLAND
COUNTY**

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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 _____

For Completion by Michigan State Police



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STATEMENT OF CONFIDENTIALITY

POLICY:

All information, knowledge and documentation regarding children and families seen at CARE House or participating in programs sponsored by the Child Abuse and Neglect Council is to be kept strictly confidential. The only individuals with whom staff and volunteers may discuss such information are other staff members or parties pertinent to the disposition of the case. If it appears that a child may be injured, such circumstances or concerns must be presented to the immediate supervisor who will be obliged to file a protective service report under the Child Protection Act.

STATEMENT OF CONFIDENTIALITY:

As a Council staff member, volunteer, student intern, or board member, I understand that I am bound by the Council's guidelines with regard to confidentiality.

Definition: A verbal or written communication and/or knowledge of a communication between a board member, employee, volunteer, or student of the agency and a client is confidential.

What information is confidential? Information considered confidential includes names and addresses of clients, background information, physical record itself, correspondence and a summary of client activity. Only personnel with the written permission from a client can share confidential information. Only such information that is pertinent to the immediate casework and therapy and in the client's best interest will be shared.

Exception: information will be released pursuant to the Child Protection Act, upon subpoena from court, and as outlined in the Volunteer Advocate program.

Client Access to Case Records: The case record is a confidential and will not be released to any person except as permitted by statute, regulation and/or court order and only upon written approval by the Executive Director. Requests must be made in writing. Requests for information contained in our record obtained from other agencies will be forwarded to the originating agency.

In signing this form, I agree that the above information has been explained to me to my satisfaction and I have complete understanding of its meaning and I acknowledge the receipt of this form.

Signature: _____ Date: _____

Witnessed: _____ Date: _____



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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: _____

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of your local county DHS, access www.michigan.gov/dhs -> Inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

COPY PHOTO ID HERE AND RETAIN A COPY
FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID
ON A SEPARATE PAGE

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

Child Welfare Agency Employer

Individual I would like to pick up my results in _____ county Volunteer Agency

Law-Enforcement/Dept of Corrections Out-of-State Adoption and Foster Home Screening

Prosecuting Attorney/Court (please provide docket number if available) MI _____

Name of Employer/Volunteer Agency/Individual CARB House of Oakland County	Name of CPS/Law-Enforcement or Court
Name	Title
Address 44765 Woodward Avenue	City State Zip Code Pontiac MI 48341
Phone 248-332-7173	E-mail Date

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

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

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

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.