



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 confidential. 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

Preferred Prefix: _____ Preferred Pronouns: _____
(Mr./Ms./Mrs./Mx./Dr.) (she/her, he/him/ they/them, other)

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Due to the sensitive nature of the work done by CARE House, all responses to the questions below will be kept confidential.

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**

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

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



CONFIDENTIALITY POLICY

CONFIDENTIALITY OF CLIENT INFORMATION:

All information, knowledge, documentation and communication regarding children and families seen at or participating in programs sponsored by CARE House of Oakland County is to be kept strictly confidential.

Confidential communications:

Confidential communications include, but are not limited to, verbal communications, electronic transmissions (including internet), written communications, and/or knowledge of communications between board members, employees, volunteers, interns, community partner representatives, contractors, and clients.

Confidential information:

Confidential information includes, but is not limited to, clients' names and addresses, background information, physical records, correspondence, criminal history, medical history, and summaries of activity.

Case Records:

The case record is confidential and will not be released to any person, outside of CARE House of Oakland County staff, except as permitted by statute, regulation and/or court order. Requests for information or records must be made in writing and must be received by an entity where there is legal right to the information and/or records. Records obtained from other organizations will not be released by CARE House of Oakland County.

Exceptions:

Personnel with written permission from a client, or client's guardian, can share confidential information outside of CARE House. In certain cases, confidential information may be released when the relationship is abrogated by law, such as Adult and Children's Protective Services, adherence to the Michigan Child Protection law, other applicable statutes of the State of Michigan, and by court order or mandated by law or regulation.

Under the Child Protection Law of the State of Michigan, staff members at CARE House are mandated to report any *SUSPICION* of child abuse and neglect to the Michigan Department of Health and Human Services.

CONFIDENTIALITY OF INSTITUTIONAL INFORMATION:

It is your responsibility to safeguard sensitive information. Sensitive information is defined as trade secrets or confidential information relating to products, processes, intellectual property, customers/clients, designs, drawings, formulas, test data, marketing data, accounting, pricing or salary information, business plans and strategies, negotiations and contracts, inventions, and discoveries.

The nature of our operations and the economic well-being of our organization are dependent upon protecting and maintaining sensitive and/or proprietary organization information.

Continued employment or contractual relationship with CARE House is contingent upon compliance with this policy. Every manager/director bears the responsibility for the orientation and training to ensure enforcement of confidentiality.

All such information shall be appropriately marked or verbally identified to each employee. When such information is transferred from one employee to another, the transferor must do all of the following:

1. Determine that the transfer is necessary and in the interest of the organization;
2. Determine that the transferee has a need to know the information and has the necessary clearance;
3. Ensure that all cover sheets or markings which identify the information as proprietary, or classified, are conspicuous;
4. Give the information directly to the transferee and verbally identify the proprietary or classified information as such. Do not give it to a non-cleared employee, such as a secretary or office colleague, and do not leave it on the transferee's desk unattended.

STATEMENT OF CONFIDENTIALITY POLICY:

As a CARE House staff member, volunteer, student intern, contractor, community partner representative, or board member, I understand that I am bound by CARE House guidelines with regard to confidentiality. I understand that violation of this policy will result in disciplinary action up to and including termination.

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. I agree to abide by all rules, regulations, and policies contained herein.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

WITNESSED: _____ DATE: _____



CONFLICT OF INTEREST POLICY

A conflict of interest may arise in any situation in which a person representing CARE House has loyalties that are divided between interests that are incompatible with the interests of CARE House. All such conflicts should be avoided.

CARE House expects that no person working or volunteering for or on behalf of CARE House will knowingly place herself or himself in a position that would have the appearance of being, or could be construed to be, in conflict with the interests of CARE House. CARE House expects absolute integrity from you and will not tolerate any conduct that falls short of that standard.

Some examples of the potential areas of conflicts of interest and CARE House's related guidelines are as follows:

Confidential Information:

You must comply with the CARE House Confidentiality Policy as set forth above.

Relationships with Other Agencies:

If you become co-employed or otherwise involved with another agency that may financially or otherwise benefit from referrals from CARE House, or if you become employed with such other agency upon leaving the employment of CARE House, you shall not actively solicit any clients (whether present or past), agencies, board members or other professionals involved with CARE House for any business or professional enterprise which could adversely affect CARE House for a period of [1] year following termination of employment with CARE House.

Relationships with Public Officials:

If you are engaged in business with a federal, state, or local governmental agency, you must know and abide by the specific rules and regulations covering relations with public agencies. You must also conduct yourself in a manner that avoids any dealing which might be perceived as an attempt to influence public officials in the performance of their official duties.

Receiving Gifts or Benefits from Clients and the Public:

Clients and members of the public may want to show their gratitude for the work of someone associated with CARE House by providing a personal reward or gift. This can be legitimately regarded as part of a therapeutic process for the person providing the gift; however, it may also expose the recipient to accusations of exploitation, taking a bribe or forming an unnecessary dual relationship or conflict of interest.

The following are guidelines for making decisions when offered a gift, reward, or other benefit:

1. Do not accept the benefit if a favor is expected in return;
2. Do not accept the benefit if an objective outsider could infer that it involved an improper association;
3. Do not accept money or a benefit that can be exchanged for money; and
4. Never solicit or demand a benefit from anyone.

You are strongly encouraged to discuss with your manager or director whether to accept a gift before doing so. The maximum value of a gift may not exceed \$15.00.

CARE House Properties and Facilities:

Use of Facilities:

You are responsible for the proper use of CARE House's physical resources and property. Reasonable incidental use of a telephone, computer, or other equipment is permitted.

CARE House property, facilities, or physical resources may not be used for solicitation or distribution activities which are not related to an employee's services to CARE House. You may not solicit any employee during working time, nor may employees distribute literature in work areas at any time. Persons not employed by CARE House may not solicit employees for any purposes on the premises.

Theft of Property:

Anyone found to be engaging in or attempting theft of any property including cash, documents, equipment, intellectual and/or personal property of other employees, or any other items of value will be subject to immediate summary dismissal and possible criminal proceedings against him or her. You have a responsibility to report any theft or attempted theft to management.

Proprietary information:

You must refrain from using or appearing to use confidential information acquired in the course of your work for unethical or illegal advantage, either personally or through third parties. You must comply with the CARE House Confidentiality Policy as set forth above.

Trademarks, Service Marks and Copyrights:

Trademarks and service marks – which include, but are not limited to, words, slogans, symbols, logos, or other devices used to identify a particular source of goods or services - are important business tools and valuable assets which require care in their use and treatment. You may not negotiate or enter into any agreement respecting CARE House's trademarks, service marks, or logos without first consulting the Executive Director. CARE House also respects the trademark rights of others and any proposed name of a new product, financial instrument, or service intended to be sold or rendered to customers must be submitted to the Executive Director for clearance prior to its adoption and use. Similarly, using the trademark or service mark of another entity, even one with whom CARE House has a business relationship, always requires clearance or approval by the Executive Director, to ensure that the use of that other entity's mark is proper.

You must avoid the unauthorized use of copyrighted materials of others and should confer with the Executive Director if you have any questions regarding the permissibility of photocopying, excerpting, electronically copying, or otherwise using copyrighted materials. In addition, simply because material is available for copying, such as matter downloaded from the Internet, does not mean that it is automatically permissible to copy or re-circulate (by, for example, email or posting to an intranet facility). All copies of work that is authorized to be made available for ultimate distribution to the public, including all machine readable works such as computer software, must bear the prescribed form of copyright notice.

CARE House is legally entitled to all rights in ideas, inventions, and works of authorship relating to its business that are made during the scope of your involvement with CARE House or using the resources of CARE House. You are required to promptly disclose all ideas to your manager/director, and to execute the necessary documentation to reflect that all development are the property of CARE House.

Institutional Political Involvement:

Employees may make political contributions within legal limits, unless such a contribution is otherwise prohibited by other policies. CARE House will not reimburse anyone for political contributions, and you should not attempt to receive or facilitate such reimbursements. Generally, no contribution may be made with the expectation of favorable government treatment in return.

All contributions are subject to complex and sometimes inconsistent sets of rules governing, among other things, the amount of, and manner in which, contributions may be made. Any questions about compliance should be directed to your manager/director. In addition, any political activity or contribution by you, which might appear to constitute an endorsement or contribution by CARE House must be approved in advance by your manager/director.

Bribery, Kickback and Fraud:

No funds or assets of CARE House shall be paid, loaned, or otherwise disbursed as bribes, "kickbacks", or other payments designed to influence or compromise the conduct of the recipient. You shall not accept any funds or other assets.

Employees must not engage in any activity which degrades the reputation or integrity of CARE House.

To illustrate the strict ethical standard expected, the following conduct is expressly prohibited:

1. Payment or receipt of money, gifts, loans, or other favors which may tend to influence business decisions or compromise independent judgment;
2. Payment or receipt of rebates or "kickbacks";
3. Payment of bribes to government officials to obtain favorable rulings; or
4. Any other activity that would similarly degrade the reputation or integrity of CARE House.

Anyone found to be receiving, accepting, or condoning a bribe, kickback, or other unlawful payment, or attempting to initiate such activities, will be liable to termination of employment, contractual services, or volunteer status, and possible criminal proceedings may be initiated. Anyone found to be attempting fraud or engaging in fraud will be liable to termination of employment, contractual services or volunteer status and possible

criminal proceedings may be initiated. You have a responsibility to report any actual or attempted bribery, kickback, or fraud to the management.

STATEMENT OF CONFLICT OF INTEREST POLICY:

As a CARE House staff member, volunteer, intern, contractor, board member, or volunteer, I understand that I am bound by CARE House guidelines with regard to Conflict of Interest.

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. I agree to abide by all rules, regulations, and policies contained herein.

PRINTED NAME: _____

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
Address 44765 Woodward Avenue	City Pontiac
Phone 248-332-7173	State MI
Fax - -	Zip Code 48341
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.