



Volunteer Application

CONTACT INFORMATION

Print Name: _____ Date of Birth: _____
Last First MI

Mailing Address: _____
City Zip

Preferred Phone #: _____ Another Phone #: _____

Email: _____

Do you check this email regularly? Yes No

VOLUNTEER INTEREST

How did you hear about Child & Family Services? _____

Check the volunteer activities that you are interested in:

- Agency Representative: to staff information booth and distribute agency literature.
- Event Volunteer: to assist with fundraising events, before and day of activities
- Prevention Program: participate in the Happy Bear Prevention Program at local kindergartens and preschools. This requires wearing a costume or possibly facilitating the presentation.
- Sexual Assault Awareness Month Assistant: to assist with coordinating activities during the month of April.
- Victim Advocate: providing direct crisis intervention services to victims and their family members at area hospitals and/or via our 24/7 crisis hotline.
- Internships: (non-paid; Sexual Assault Center (SAC) or CFS Opportunities
 - CFS Opportunity
 - SAC Program (Bachelor's/Master's Level)

Major: _____ Contact Person: _____

Hours Required: _____ Start Date: _____ Completion Date: _____

Do you have any personal experience, which may affect your involvement with the program?

Do you have any previous volunteer or work experience in any human service area? If so, please list them:

Please complete the reverse side

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: _____
Last First

Relation: _____ Contact #: (____) _____

BACKGROUND INFORMATION

Please complete the following by checking "yes" or "no":

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been identified as a perpetrator of child abuse or neglect? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a misdemeanor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a valid driver's license? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have reliable transportation? |

AUTHORIZATION

I, _____ HEARBY AUTHORIZE, Child & Family Services Saginaw to perform a Criminal History and Sex Offender Registry Check 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 of Michigan Criminal History Check, Michigan Public Sex Offender Registry and National Sex Offender Registry and from various agencies to the extent permitted by state and federal law.

Print Name: _____
Last First Middle Name

Maiden Name/Alias: _____ Driver's License #: _____

Ethnicity: _____ Gender: _____

I certify that the information given on 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 this information obtained will be confidential and is for official use and misleading or untruthful information on this application may result in my dismissal. I further hereby hold harmless Child & Family Services from any action which may be taken upon receipt of this formation.

Signature _____

Date _____

PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE.

Return completed application to Child & Family Services of Saginaw
2838 Automotive Centre Rd., Saginaw, MI 48603

<input type="checkbox"/> ICHAT <input type="checkbox"/> Michigan Public Sex Offender Registry <input type="checkbox"/> National Sex Offender Registry Completed by: _____ Date of Completion: _____ Results: <input type="checkbox"/> No Findings <input type="checkbox"/> See Attachment Findings and Documented Supervisor/CEO Comments: _____
