



**Macomb County Child Advocacy Center, Inc. / Care House**

131 Market Street

Mount Clemens, MI 48043

(586) 463-0123 ♦ [www.mccarehouse.org](http://www.mccarehouse.org)

**VOLUNTEER APPLICATION**

Thank you for your interest in Care House. We welcome prospective volunteers from diverse backgrounds and experience. We hope you will consider joining us in our work to protect children. Please return the completed application via e-mail, fax or mail to Care House.

The questions asked in this application are asked as a preliminary assessment of your interests and talents to determine your potential placement as a Care House volunteer.

**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.

**If you have been arrested or convicted of a crime against a child, or if you do not successfully pass the required background clearances, you CANNOT volunteer at Care House.** A Michigan State Police criminal background check and a Department of Human Services Central Registry Clearance background check will be conducted and are required in order to be accepted in the volunteer program. If you choose to withhold this information, you will be ineligible to volunteer. Upon receipt of a completed volunteer application, signed release form, and signed consent form, Care House will conduct the above mentioned criminal background checks. The Care House Volunteer Coordinator will review all results.

In instances where negative or incomplete information is obtained, the Executive Director will assess the potential risks and liabilities and determine whether the individual should be accepted for volunteer work. All offers of volunteer work at Care House are contingent upon clear results of a thorough background check. Background checks will be conducted on all adult volunteers. Care House reserves the right to modify this policy at any time without notice. Please also note that as a volunteer, you are obligated to report changes in your ability to drive and/or the loss of vehicle insurance coverage.

Please note all of the following requirements for volunteer eligibility:

**Minimum of 3 months of service, 18 years of age or older, completed volunteer application, volunteer interview, criminal background check, reference check, agency orientation and agency provided training. Availability for positions, unless otherwise stated, is normal business hours (9am-5pm) and upon advance notice of special projects.**



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**VOLUNTEER JOB DESCRIPTIONS**

**Clerical/Office Volunteer:**

Duties include but are not limited to: making copies, compiling packets, organizing files and literature, preparing bulk mailings, restocking shelves, answering telephones, maintaining office/wish list inventories and general everyday administrative tasks. Volunteer may also welcome families, assist parents with paperwork, assist with providing snacks to children, tidying waiting room areas and providing guests with general assistance.

**Direct Care Volunteer:**

Duties include but are not limited to: Greeting and informally visiting with children and adults while creating a safe and child friendly environment as families wait for interviews or counseling sessions, supervising/entertaining children and siblings in the waiting area, assisting with providing snacks to children, helping children pick out stuffed animals to take home and tidying the waiting room areas. The Direct Care Volunteer may also assist Care House's Family Advocate/Counselors during weekly group sessions (Group Sessions are held at various times and volunteers will be notified in advance to participate as needed).

**Applicants for Direct Care Volunteer positions MUST complete a specialized training by Care House prior to placement.** (Please note: if you have worked or volunteered with another organization you **MUST** list that organization as a reference).

**Facility Maintenance Volunteer:**

Duties include but are not limited to: spending time outdoors beautifying the yard in the spring, summer or fall by planting flowers, raking leaves, maintaining flower beds or weeding unwanted vegetation. These volunteers may also participate in interior and/or exterior painting and cleaning projects. These projects can be good opportunities for high school groups, work or church groups who are interested in community involvement.

## **Special Event / Fundraising Volunteer:**

Duties include but are not limited to: pre-event planning and preparations, post-event clean up, participation in various aspects of special events, serving on and attending event committee meetings. This position also includes gathering donations for the event, assembling mailings and telephoning prospective advertisers/sponsors. This volunteer may also participate in the event by helping with registration, greeting guests, collecting tickets or various other activities.

**Events are held at various times throughout the year and volunteers will be called to participate as the need arises.**

**\*\*If you have any questions regarding our volunteer opportunities, please contact our Volunteer Coordinator, Bria Bentley at [briab@mccarehouse.org](mailto:briab@mccarehouse.org) or at 586-463-0123.\*\***



Today's Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Full legal name: \_\_\_\_\_

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

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

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Place of current employment and title/or name of school:  
\_\_\_\_\_

Please list your last 2 employers and your position:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Have you had any previous volunteer experience?

If so, please list the name of the organization(s) and the approximate time frame.

Organization: \_\_\_\_\_ Time frame: \_\_\_\_\_

Organization: \_\_\_\_\_ Time frame: \_\_\_\_\_

List your level of education and special trainings: \_\_\_\_\_  
\_\_\_\_\_

When is the best time to reach you? \_\_\_\_\_

How do you prefer we contact you? \_\_\_\_\_

**\*\*Indicate your availability below. Please note that evening and weekend volunteer opportunities are not on a consistent basis as they are based on fundraising events\*\***

MONDAY	A.M. (9am-1pm) _____ - _____	P.M. (1pm-5pm) _____ - _____	Evenings (After 5pm) _____ - _____
TUESDAY	A.M. (9am-1pm) _____ - _____	P.M. (1pm-5pm) _____ - _____	Evenings (After 5pm) _____ - _____
WEDNESDAY	A.M. (9am-1pm) _____ - _____	P.M. (1pm-5pm) _____ - _____	Evenings (After 5pm) _____ - _____
THURSDAY	A.M. (9am-1pm) _____ - _____	P.M. (1pm-5pm) _____ - _____	Evenings (After 5pm) _____ - _____
FRIDAY	A.M. (9am-1pm) _____ - _____	P.M. (1pm-5pm) _____ - _____	Evenings (After 5pm) _____ - _____
SATURDAY	A.M. (9am-1pm) _____ - _____	P.M. (1pm-5pm) _____ - _____	Evenings (After 5pm) _____ - _____
SUNDAY	A.M. (9am-1pm) _____ - _____	P.M. (1pm-5pm) _____ - _____	Evenings (After 5pm) _____ - _____

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

Are you considering volunteering with us for course credit or to fulfill a class requirement?

- Yes
- No

If yes:

School name: \_\_\_\_\_ Course: \_\_\_\_\_

Instructor's name: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

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

Do you have any experience in the following areas?

**Clerical Skills**

- |   |   |
|---|---|
| <input type="checkbox"/> Typing               | <input type="checkbox"/> Filing                     |
| <input type="checkbox"/> Phone/Reception Work | <input type="checkbox"/> Computer Work/Data Entry   |
| <input type="checkbox"/> Mailings             | <input type="checkbox"/> Web Design and Maintenance |
| <input type="checkbox"/> Other _____          |   |

**Miscellaneous Skills**

- |   |  |
|---|--|
| <input type="checkbox"/> Sorting/Organizing | <input type="checkbox"/> Light Cleaning          |
| <input type="checkbox"/> Heavy Cleaning     | <input type="checkbox"/> Pick-Ups and Deliveries |
| <input type="checkbox"/> Repairs            | <input type="checkbox"/> Gardening               |
| <input type="checkbox"/> Other _____        |  |

**Communication Skills**

- |  |   |
|--|---|
| <input type="checkbox"/> Public Speaking     | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Journalism          | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Foreign Language(s) | <input type="checkbox"/> Sign Language    |
| <input type="checkbox"/> Graphic Arts        | <input type="checkbox"/> Grant Writing    |
| <input type="checkbox"/> Other _____         |   |

Please list additional interests, knowledge areas, hobbies or special skills that you offer as a volunteer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the areas of service that interest you.

- Administrative/Clerical     Fundraising     Grounds Maintenance     Direct Care  
 Other \_\_\_\_\_

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

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

Were you abused or neglected as a child?  Yes  No

Were you ever a victim of sexual assault?  Yes  No

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

Please list two or more expectations or ideas you have about volunteering at Care House.

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Any additional thoughts, comments, or anything else you would like us to know?

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Please list three personal or professional references that we can call.

	Name	Phone Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Permission to Conduct Criminal Background Check**

I hereby give my permission for Care House to conduct a criminal background check to obtain information for the purpose of assessing my suitability as a Care House volunteer.

**Acknowledgement**

I declare that all of the preceding information is true and correct to the best of my knowledge. I understand that the information given in this application will be verified. I further 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 the organization is not obligated to provide a placement, nor am I obligated to accept the position offered. I also understand that a volunteer position at Care House is an at-will position.

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

\_\_\_\_\_  
Date

Thank you for taking the time to fill-out this application completely and honestly. Upon receipt, we will notify you and schedule an interview.

**Please return this application, the accompanying forms and a copy of your license to:**

Care House  
Attn: Volunteer Coordinator  
131 Market Street  
Mt. Clemens, MI 48043  
Phone: (586) 463-0123  
Fax: (586) 783-3515  
E-mail: [briab@mccarehouse.org](mailto:briab@mccarehouse.org)



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**CRIMINAL BACKGROUND CHECK FORM**

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

Full Legal Name: (including middle initial): \_\_\_\_\_

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

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

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

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

**Permission to Conduct Background Checks**

I hereby give my permission for Care House to conduct a criminal background check to obtain information for the purpose of assessing my suitability as a Care House volunteer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**For Completion by Care House**

Date of background checks: \_\_\_\_\_ Initials: \_\_\_\_\_

MI Public Sex Offender Registry (ICHAT) \_\_\_\_\_  No results found

US Public Sex Offender Registry \_\_\_\_\_  No results found

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**VOLUNTEER  
RELEASE OF INFORMATION**

I AUTHORIZE Care House 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 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, gender, 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 form. I further understand that failure to sign this form, and/or failure to successfully pass the criminal background check 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 act in a professional manner

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 the signed form will be given to me for my reference.

\_\_\_\_\_  
Applicant's 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/centralregistryclearance](http://www.michigan.gov/centralregistryclearance) 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 (Maiden Names/Former Names)		
_____		
_____		

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

Address:

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

Volunteer Agency

Address:

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

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 722.627-722.627]  
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.