

The Voice for Clinton County's Children Volunteer Application

PERSONAL INFORMATION

Name: _____
 First Name Middle Name Last Name

Previously Used and/or Maiden Name: _____

Street Address City State Zip Code

Telephone: _____
 Home Work, if ok to contact you at work

 Cell Message Phone

E-mail address: _____

Gender: _____ Date of Birth: _____

Marital Status: Single Married Divorced Domestic Partnership Widowed

EMPLOYMENT INFORMATION

Current Occupation/Title: _____

Business Street Address City State Zip Code

Typical Work Schedule: _____
 Example: Monday – Friday, 8 a – 5 p

Please give a brief description of your current employment responsibilities.

Please briefly describe previous work experience which may be applicable to our agency

Professional licensure(s), registration(s), certification(s)

PERSONAL AND BUSINESS REFERENCES (NO RELATIVES)

1. Name: _____ Occupation: _____

How do you know this person? _____

How long have you known this person? _____

E-mail: _____

2. Name: _____ Occupation: _____

How do you know this person? _____

How long have you known this person? _____

E-mail: _____

3. Name: _____ Occupation: _____

How do you know this person? _____

How long have you known this person? _____

E-mail: _____

OTHER EXPERIENCES

Please discuss any personal experiences you have had with any of the following.

Department of Human Services, Child Protective Services: _____

Juvenile Court: _____

Foster Care: _____

Any agency providing services to children: _____

Have you been convicted of any criminal offense other than minor traffic? YES NO

If yes, please explain: _____

PROGRAM INFORMATION

How did you find out about our agency? _____

Referred to our agency by: _____

ADDITIONAL INFORMATION

Please discuss any additional skills, experiences, or education which will make you a valuable Volunteer.

Please write a brief explanation on why you would like to be a Volunteer and what your expectations are of the Program?

CONSENT TO BACKGROUND CHECK INFORMATION

PLEASE NOTE: Any applicant found to have been convicted of or having charges pending for felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risk to children or the program’s credibility is not eligible to serve as a The Voice of Clinton County’s Children Volunteer.

I, _____, hereby affirm that all the answers provided on my volunteer application are true. I authorize The Voice for Clinton County’s Children and any law enforcement agency they authorize to investigate my background and investigate my fitness as a volunteer.

INITIAL: _____

I understand the information requested in this application will be used only for the purpose of determining my suitability as a Volunteer.

INITIAL: _____

I am aware of the confidential and sensitive nature of the documents, reports, and other material I will examine in my capacity as a Volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

INITIAL: _____

I understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals, and/or philosophy of the agency, and their desire to provide quality services to abused and neglected children, my services as a Volunteer will be terminated.

INITIAL: _____

I submit the statement on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result at dismissal at a later time.

INITIAL: _____

Signature of Applicant

Date

Thank you for your interest in serving as a Volunteer!

Please return application via postal mail or email to:

The Voice for Clinton County’s Children, 1207 N. US 27, St. Johns, MI 48879
Phone: 989-640-5681 E-mail: KellySchaferED@gmail.com