

VOLUNTEER APPLICATION



christianLIVINGservices



PRINT Name: Mrs. Miss Ms. Mr. Rev. Other	Application Date:
Current Address: Home or School or Seasonal City, State and ZIP	Other Address: Home or School or Seasonal City, State and ZIP
Cell Phone:	Preferred eMail:
Home Phone:	Have you been a resident of Michigan for three (3) consecutive years? Yes or No
Work/Business Phone:	Are you a Student? Yes or No Are you Employed? Yes or No

Emergency Contact:	
Relationship to Applicant:	
Address (if different than applicant):	
Phone:	Cell or Home or Business/Work

How did you learn about opportunities with us?
What types of VOLUNTEER work have you done?
What is your general WORK experience?
How long can you volunteer (months/years)?
Can you commit to a regular schedule? <i>If so, what days and times?</i>
What skills/interests do you hope to use with us?
What is your highest education level/degree?
Are you currently in the military or a veteran?
Do you have any special licenses/certifications?
What languages, other than English, can you speak, read, write?
Have you ever been (or are you now) employed Yes or No by Holland Home or any of its entities? <i>If yes, which company & when?</i>

REFERENCES – Complete in Full

Please provide two references. At least one of them must be a professional reference. **Choose people who have known you for MORE than three years.** If you do choose to make one of your references "personal", it may **not** be a family member.

Type of Reference: (circle) **Personal or Professional**

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ (circle one) **Cell or Home or Business/Work**

eMail: _____

Type of Reference: (circle) **Personal or Professional**

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ (circle one) **Cell or Home or Business/Work**

eMail: _____

Do you have any felony charges pending against you? YES NO

Have you ever been convicted or plead guilty or no contest to a crime? YES NO

If you answered YES to either of the two preceding questions, explain by giving the date, nature of the offense and circumstances on an attached, signed sheet.

CERTIFICATION OF APPLICANT

I hereby represent that the above information is true and complete. I have not withheld anything from this application which, if disclosed, would affect this application unfavorably. I understand that if Holland Home should determine at any time that any of the requested information was withheld by me, or that any of the statements given in this application were false or misleading, I may be refused the opportunity to volunteer, or, if currently volunteering, would be discharged immediately. I understand that I will be free to leave my volunteer position at any time with or without cause; and I understand and agree that Holland Home also may terminate my volunteer duties at any time with or without cause.

If I become a Holland Home volunteer, I will comply with all rules, regulations, policies and communications directed to volunteers. I hereby authorize Holland Home to conduct a routine criminal history check (if I am 18 or older), and thoroughly investigate my work, medical and personal history that is job-related. I also authorize Holland Home to communicate with the references I provided above. If arrested or convicted for any of the following criminal offenses—abuse, neglect, assault, battery, theft, fraud, criminal sexual conduct, or any felony—I agree to immediately report it to the Volunteer Services Department.

Applicant Signature

Date

Parent's Signature (if applicant is under 18 years of age)

Date

HOLLAND HOME EMPLOYEE OR VOLUNTEER APPLICANT
AUTHORIZATION FOR A CRIMINAL BACKGROUND CHECK

NOTICE: An investigation consumer report consisting of a criminal conviction background check will be obtained on all new employees and volunteers of Holland Home. This report will be used for employment and volunteer purposes only. You have the right to make a written request within a reasonable period of time for information concerning the nature and scope of the investigation. In the event you desire this information, please contact the Human Resources Department (employees) or the Volunteer Office (volunteers).

This Notice is authorized by the Fair Credit Reporting Act, Section 604(b).

I, _____, authorize Holland Home to conduct a criminal background check with the State Police, County Sheriff Departments, and/or a Consumer Reporting Agency for the purpose of determining my suitability for employment/volunteer work with Holland Home.

I have listed below all crimes for which I have been convicted, including the date of such convictions, as well as any pending felony charges. I acknowledge that any omission or falsification of this form shall be grounds for discharge if I am employed or assigned as a volunteer.

List all criminal convictions or pending felony charges.

Include crime, date, and city/county involved.

Applicant Print FULL Name

Date of Birth

Applicant Signature

Date Signed

Current Address, City, State and ZIP

Driver's License Number (including State license issued by)

**** SPECIAL NOTE ****

If there is anything else that you would like to share with us as we consider your application? *You may submit a resume or enter additional information here:*

Volunteer Expectations and Acknowledgement

Read and Check the Box for All Statements Below

- I understand that I must be **able to commit** to a whole semester of service on a set schedule, if I am a student, and at least six months on a set schedule if I am not a student. **[Students: What school/college? _____]**
- I understand that I need to meet with a Volunteer Coordinator for an **interview and orientation**, at which point it will be decided if I will move forward with volunteering or further training as a volunteer within Christian Living Services organizations and entities. *(Bring Driver's License or State Issued ID to interview.)*
- I understand that **TB testing** is a requirement of all volunteers. I will submit to the free two-step TB testing at the time I start to volunteer, and then annually thereafter. If I am a positive tester, I agree to provide proof that I have been cleared through the health department and will then do an annual verbal TB screen with the volunteer office.
- I understand that I must **communicate regularly** and directly with the volunteer office regarding any changes to my schedule or availability. And that I must communicate with the unit where I am assigned if I am unable to come in on short notice (when the volunteer office may be closed) – so that everyone is aware that I will not be in as was expected.
- I understand that I may not be selected as a volunteer for any reason, and that if I become a volunteer, **my status** as such may be terminated at any time for any reason.
- I **submit** this application with confidence that all information and statements are true and accurate.

Applicant Signature

Date

Parent's Signature (if applicant is under 18 years of age)

Date