

Date Received _____ By: _____

COMMUNITY ACTION 175 Main, P. O. Box 1026 Battle Creek, MI 49016 (616) 965-7766	<h2 style="margin: 0;">VOLUNTEER APPLICATION</h2>
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Instructions: Completion of this application is required for volunteers, and for congregating dining center participants who may fill volunteer supervisory roles. Please complete the entire application. Print in ink. Use additional paper if necessary. Your application should specify the volunteer position for which you are applying. Applications are kept on file for six months.

Date of Application	Name (Please print legibly)		
Check if resume attached <input type="checkbox"/>			
Address, City, State, Zip Code		(Area Code) Telephone Number	
Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Volunteer Position for which you are applying: See Addendum for available positions.	When are you available to start?	Hours available?	Days available?
Have you ever applied to this Agency previously? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and for what position?		

Name/s of relatives with Agency:

Name/s of friends with Agency:

Employment Positions (please list titles only)		Volunteer Positions Held (Please list titles only)	
1.	2.	1.	2.
3.	4.	3.	4.

Skills
(Please list skills that you have)

CRIMINAL RECORD

Have you ever been convicted of a crime or plead guilty to a crime? No Yes

Date _____

Charge _____

(Please sign your name here.)

Are there any felony charges currently pending against you?

No Yes Please explain: _____

The Agency does not discriminate based upon any conviction. However, any conviction will be considered relative to the vacant position. A full explanation will be required of all convictions prior to any offer of volunteer work.

ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOU

VOLUNTEER APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application, and accompanying resume, if any, is true and complete to the best of my knowledge and belief. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for volunteer work and may result in dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment (including volunteer work) and/or educational background, including discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and corporations or companies requesting or supplying such information and waive any right to notice of such disclosure.

I further understand that I may be required to submit to a drug screen and criminal background screen and that the results of said drug screen and criminal background check may disqualify me from volunteer work with the Community Action.

I also further understand that a motor vehicle report may be requested and that the results of said report may also disqualify me from volunteering with the Community Action Agency of South Central Michigan.

Date: _____ **Applicant's Signature:** _____



As a volunteer with Community Action, you are being required to submit to a criminal history, driver's license/motor vehicle check, sex offender registry check and drug screen prior to any volunteer activity. The background checks will be performed at no cost to you.

I, _____ understand that it is the policy of Community Action to secure a criminal history report, driver's license/motor vehicle report, sex offender registry check and drug screen results in determining my eligibility, and that this is a part of the screening process.

I understand that I may refuse to submit to any of the preliminary checks, however, such refusal shall result in my no longer being considered for volunteering with Community Action.

I further understand that should I become a volunteer of Community Action, a driver's license/motor vehicle report, criminal history check, sex offender registry check and drug screen may be performed at any time during my association with this agency; and the information contained in said reports may disqualify me from continuing as a volunteer with Community Action.

I have read and fully understand the above and hereby consent to the release of any or all information, which may be contained in the above reports. I also understand that I have a right to receive a copy of this signed consent/release.

Name: Last _____ First _____ Middle _____

Maiden or names previously used: _____

Birth date: _____ Race: _____ Sex: _____

Social Security Number: _____

Drivers License Number: _____

State of Issuance: _____ Expiration Date: _____

I understand the Central Records Division of the Michigan State Police, Lansing Michigan, requires the above information. I authorize Community Action to utilize the above information for the sole purpose of obtaining a criminal history and motor vehicle file search.

Signature of volunteer

Date

Signature of CA Representative and Job Title

Date

Distribution: original to Human Resources



CONFIDENTIALITY

By law and common courtesy, I, the undersigned, as a volunteer and/or agent of Community Action, am required to hold any information gathered in the performance of my duties, either relating to people requesting assistance from the Agency, or relating to fellow volunteers and/or employees/agents, in the strictest confidence, not releasing that information to any unauthorized person, inside or outside the Agency, without either a prior signed written release of information from the person the information is about, or a specific written instruction from my assigned supervisor.

I also understand that as a volunteer I do not have the authority to act on written releases that may come to my attention. In the event such would happen I agree to and understand that I must bring such a request to the immediate attention of my direct supervisor.

FINANCIAL RESPONSIBILITY (Policy Council members only)

Section 42 U.S.C. 2703 provides criminal sanctions for certain misconduct. The section reads:

“(A) Whoever, being an officer, director, agent, or employee of, or connected in any capacity with, any Agency receiving financial assistance under the Economic Opportunity Act of 1964, embezzles, willfully misapplies, steals, or obtains by fraud any of the monies, funds, assets, or property which are the subject of a grant or contract of assistance pursuant to the Economic Opportunity Act of 1964 SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN TWO YEARS, OR BOTH; but if the amount so embezzled, misapplied, stolen, or obtained by fraud does not exceed \$100, he shall be fined not more than \$1,000 or imprisoned not more than one year, or both.”

I have read the above statements and the contents have been further explained to me by a human resource representative. I understand that violation of these requirements can result in the immediate termination of my volunteer activities and duties. I understand that violation of these requirements can further subject me to civil and/or criminal prosecution under law. I also understand this signed certificate will be placed in my permanent volunteer file.

Volunteer Signature

Date

Witness

Date