

# Volunteer Program Application Packet



Child and Family Charities

407 W Greenlawn Ave  
Lansing, MI 48910  
Childandfamily.org



Dear Prospective Volunteer,

Thank you for your interest in volunteering here at Child and Family Charities! As you know, volunteerism is the backbone of non-profit work. Without dedicated community members donating time and talents, we would not be able to help those in need.

Child and Family Charities serves over 20,000 youth and family members across Michigan and over 8,000 locally with 30+ programs that meet the needs of our community. We believe that volunteering is a crucial part of our success and are asking for your help to make it happen. Whether you simply want to assist with our events, or are interested in providing workshops for our youth, there are a wide range of opportunities available.

This packet contains both a formal application, a link to background check forms, and several forms to fill out. Because of the range of opportunities, please consult with Quinn, our volunteer coordinator, on what you are required to complete. Once we have the necessary forms from you, we will work with you and programs in the agency to get you placed. This may include an informal meeting prior to beginning work.

Completed forms may be emailed to Quinn at [quinn@childandfamily.org](mailto:quinn@childandfamily.org) or returned to our main agency (407 W Greenlawn Ave, Lansing). Please do not hesitate to reach out if you have any questions regarding the process!

Thank you!

Quinn and the CFC Team



## Role of the Volunteer

A volunteer is an individual who donates their time and talent for the betterment of the agency and its clients. Volunteers provide various important services to the agency.

## Volunteer Qualifications

- 18 years of age or older
- A resident of Michigan and citizen of the US, or legal resident
- Attend an orientation and any additional trainings
- Willing to agree to the following:
  - ICHAT Background Check
  - Child Protective Services History Check
  - National Sex Offender's List Check
  - Additional checks for past out-of-state residence
  - Release and Waiver
  - **Please note that a picture/copy of a state ID is required for the checks**
- Volunteers working with clients will also be required to:
  - Provide three professional or personal references
  - Complete a TB test
  - Complete CPR training (as requested)

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***Please remember to include a photo or copy of your Driver's License or State ID. Thank you!***

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## Volunteer Reference Form

For roles that it is required for, we are asking for three personal or professional references. You can send the following link to them to fill out: <https://forms.office.com/r/k4Z6aZ8S3n>.

If you would like a PDF or paper copy of the reference forms, please email Quinn at [quinn@childandfamily.org](mailto:quinn@childandfamily.org). Thank you!

# Volunteer Application

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

LAST 4 #'s OF SOCIAL SECURITY \_\_\_\_\_

HAVE YOU LIVED IN A STATE OTHER THAN MICHIGAN IN THE PAST 5 YEARS? \_\_\_ YES \_\_\_ NO  
IF YES, WHERE?

\_\_\_\_\_

PREFERRED PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

PHONE \_\_\_\_\_

## TIMES AVAILABLE TO VOLUNTEER

\_\_\_ This is for required community service How many hours do you need? \_\_\_\_\_

When do you need the hours completed by: \_\_\_\_\_

## WHAT TYPE OF VOLUNTEER ACTIVITY ARE YOU LOOKING FOR (check all that apply)?

\_\_\_ Skills Training. What skill? \_\_\_\_\_

\_\_\_ Event Support: \_\_\_ Red Nose Ruckus \_\_\_ Other Fundraising Events \_\_\_ Client Focused Events

\_\_\_ Grounds or building maintenance (cleaning visit rooms, landscaping, spring/fall cleanup, etc.)

\_\_\_ Donation organizing/sorting (Main building or Angel House)

\_\_\_ Mentoring (*Mentoring has additional requirements. Please connect with Quinn regarding them.*)

\_\_\_ Tutoring

\_\_\_ I'm flexible! Put me where you need me.



**ALL POTENTIAL VOLUNTEERS MUST COMPLETE THE FOLLOWING:** (1) Driver’s license or other official identification, (2) Permission to conduct background search (see ICHAT form) and Child Protective Services History Check (3) this Volunteer Application. **If the group/ individual chooses to interact with clients, the following are additional requirements:** (4) Recent TB test result (within last year), (5) Current CPR Certification, and (6) three letters of reference from the past year’s employment, volunteer work or character. Depending on the type of work the volunteer will be performing, additional documentation/references may be requested.

Your signature below will indicate your authorization for Child and Family Charities to follow up with you and begin researching your qualifications for volunteering at Child and Family Charities.

Signature \_\_\_\_\_

Date\_\_\_\_\_

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***Please remember to include a photo or copy of your Driver’s License or State ID. Thank you!***

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**CHILD AND FAMILY CHARITIES RELEASE AND WAIVER**

1. Parties.

1.1. The Volunteer Program is a program operated by Child and Family Charities. This agency has a primary business location of 407 W Greenlawn Ave, Lansing MI 48910.

1.2. Clients are those enrolled in any program through Child and Family Charities.

1.3. Volunteers are those personnel who spend time as volunteers through Child and Family Charities.

2. I certify that I am over the age of eighteen.

3. Release, Indemnification, and Hold Harmless.

3.1. On behalf of myself, I release Child and Family Charities from all liability or damages related to my participation with any aspect of the Volunteer Program.

3.2. Sections 3 through 3.2, which refer to Child and Family Charities expressly include the agents, employees, volunteers, and assigns of the agency.

4. I understand that volunteers are not authorized to take any actions on behalf of Child and Family Charities.

Signature of Volunteer: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## Confidentiality Agreement

Child and Family Charities touches human life intimately in many ways. Volunteers and mentors (hereafter referred to as “volunteers”) will frequently be the observer and recipient of confidential information concerning the participants and their family. It may be a fact, a series of facts, or a situation in the participant’s life which is heard or observed, with the implicit understanding that this information be preserved as a sacred trust.

Confidentiality is the preservation of information concerning the participants and others, which is disclosed to the volunteers. Confidentiality is based upon the basic right of privacy of the participants; it is the ethical obligation of the volunteer to maintain and is necessary to create effective trust.

When clients come to Child and Family Charities for help, they will realize, in some way, the necessity of revealing pertinent facts regarding themselves and their situation. This may include innermost feelings, which they may want no one to know. It may include facts about things that are upsetting in their home that they specifically are not ready to share with other members in their household.

This is to be preserved in confidence with only two exceptions:

1. Staff meetings,
2. In the opinion of the volunteer, when harm to self and/or others is evident, a volunteer is required to disclose such threat to the director or director-designate to create and implement a plan of action to protect the parties involved.

### **Child and Family Charities Agreement:**

**I have read and agree to follow the confidentiality guidelines.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Release of Information

As a prospective employee/intern/volunteer of Child and Family Charities, I understand that it is this agency's policy to secure conviction criminal history information as part of the hiring process using the information provided below.

Name: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_  
(Married, Maiden, Aliases, etc.)

DOB: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

ICHAT

Driving Record

National/Michigan Sex Offender Registry

I understand that the above information is required by the Central Records Division of the Michigan Department of State Police, Lansing, MI, in order to obtain a criminal history record check. I authorize Child and Family Charities to utilize the above information for the purpose of obtaining a Criminal History Record check under the provisions of the Michigan Freedom of Information Act, P.,A. 442 of 1976.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date



## CWL-4624, CHILDREN'S PROTECTIVE SERVICES HISTORY REVIEW REQUEST

Michigan Department of Health and Human Services (MDHHS)

Division of Child Welfare Licensing (DCWL)

(New 11-22)

### SECTION 1 – INFORMATION ON PERSON BEING CLEARED (PRINT CLEARLY)

#### ALL SECTIONS REQUIRE A RESPONSE

Name (First, Middle, Last)	Signature	Date	
Alternative names, last names, or aliases	Social Security Number	Date of Birth	
Address	City	State	Zip Code
Phone Number	Email Address		
<input checked="" type="checkbox"/> Photo ID of person being cleared is attached.			
<input type="checkbox"/> Written narrative describing case(s) and explanation of changes the individual has made to mitigate their previous actions is attached.			

### SECTION 2 – REQUESTER INFORMATION

Name of CCI/CPA Child and Family Charities	Name of Requester Dena Rogers	CCI/CPA License Number	
Address 4287 Five Oaks Drive	City Lansing	State MI	Zip Code 48911
Phone Number 517.882.4000 ext 118	Email Address dena@childandfamily.org		

### SECTION 3 – CHILDREN'S PROTECTION SERVICES REVIEW (FOR DCWL USE ONLY)

Michigan Children's Protective Services Information Reviewed	Initials/Clearance Date
<input type="checkbox"/> Employee does not have a confirmed case involving abuse or neglect of a child.	
<input type="checkbox"/> Employee has a confirmed case involving abuse or neglect of a child.	
<input type="checkbox"/> Approved for employment	
<input type="checkbox"/> Not approved for employment	
DCWL Remark	
DCWL Representative Signature	Date

Employees with confirmed cases of abuse or neglect will be assessed by the Division of Child Welfare Licensing (DCWL) within five business days.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

CWL-4624 (11-22)

## Volunteer Frequently Asked Questions

### **Q: How are volunteers screened?**

A: We are asking you to fill out forms for a Criminal Background check, a Children's Protective Services History, and a MI Sex Offender Registry check, which we will run. Some volunteer roles also require three references and a TB test, particularly if you will be in contact with clients. We ask for these to meet requirements for our licenses from the state that allow us to run our programs.

### **Q: What will my schedule look like? How frequently will I be volunteering?**

A: Because of the flexibility of our volunteer program, you can set your schedule for the most part. A majority of our opportunities are during business hours.

### **Q: What does training look like?**

A: Depending on your position, we may ask you to attend an orientation. For many positions, though, a simple, informal meeting going over what to do will be all that you need.

### **Q: I see that you have a Mentorship and Tutoring opportunity that I may be interested in? Do I need to reapply?**

A: We have set up the volunteer and mentorship programs so that those interested may switch between the two without much issue. We may request references, depending on how long you have volunteered with us, and we do ask that you become CPR certified and take a TB test if you have not yet done so already.

### **Q: Why must I provide personal information such as social security number and date of birth? I do not feel comfortable giving that information out to people.**

A: This information is required to run background checks on all volunteers. These background checks are required by our licenses from the state to continue to run our programs. If you feel uncomfortable transmitting your social security number electronically, you are welcome to bring the packet to our main agency (407 W Greenlawn Ave, Lansing MI). If transportation is an issue, please contact Quinn and she can come pick it up.

### **Q: I've been background checked recently. Can I use that?**

A: Due to our licenses, we need to run background checks on our end.

### **Q: How long will it take me to start volunteering?**

A: Checks generally take a week or two, and placement can sometimes take longer. Please communicate with Quinn if time is of an issue.



