



# Volunteer Application

SUBMIT APPLICATION BY:  
 Fax (906) 225-1370  
 Email kheggaton@miuplink.com  
 Mail Attention Kara Heggaton  
 Women's Center, Inc.  
 1310 S. Front Street, Marquette, MI 49855  
 Website www.wcmqt.org  
 Phone (906) 225-1346 x 206

Date of Application: \_\_\_\_\_ Volunteer Position(s) applying for: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Preferred Method of contact for Volunteer Opportunities: *(please circle)* Phone Call Text E-Mail

Have you previously sought the services of the Women's Center, Inc? Yes or No If yes, give date \_\_\_\_\_

Were you previously employed with the Women's Center, Inc.? Yes or No If yes, give date \_\_\_\_\_

Have you been convicted of a felony in the last seven (7) years? Yes or No *(Such conviction may be relevant if job related, but does not bar you from volunteering)*

If you answered yes to the conviction of a felony, please explain: \_\_\_\_\_

Does the Women's Center, Inc. currently employ anyone related to you? Yes or No  
 If yes, what position does that person hold? \_\_\_\_\_

Are you currently related to any person on the Women's Center, Inc. Board of Directors? Yes or No

List all special skills which you want us to consider in evaluating your qualifications (ie. Degrees, Computer skills, training, certifications, etc.)

Do you have any other Volunteer experience? Yes or No If yes, please list all other volunteer experience: \_\_\_\_\_

Please fill in your current availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Education Information

School Name _____	Type of School _____	
School City _____	School State _____	School Zip _____
School Degree _____	Currently attending this school? _____	
# of years attended _____	Graduated? _____	GPA _____

  

School Name _____	Type of School _____	
School City _____	School State _____	School Zip _____
School Degree _____	Currently attending this school? _____	
# of years attended _____	Graduated? _____	GPA _____

  

School Name _____	Type of School _____	
School City _____	School State _____	School Zip _____
School Degree _____	Currently attending this school? _____	
# of years attended _____	Graduated? _____	GPA _____

## Personal/Professional References (Not Relatives)

Name _____	Relationship _____
Phone _____	Email _____

  

Name _____	Relationship _____
Phone _____	Email _____

  

Name _____	Relationship _____
Phone _____	Email _____

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with The Women's Center Inc. that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by The Women's Center Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with The Women's Center Inc. or my termination as a volunteer. The Women's Center Inc. is hereby authorized to make any investigation of my personal, employment, education and criminal history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

## INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of your local county DHS, access [www.michigan.gov/dhs](http://www.michigan.gov/dhs) -> Inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE

## SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

## SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

Child Welfare Agency

Individual  I would like to pick up my results in \_\_\_\_\_ county

Law-Enforcement/Dept of Corrections

Prosecuting Attorney/Court (please provide docket number if available) \_\_\_\_\_ MI \_\_\_\_\_

Employer

Volunteer Agency

Out-of-State Adoption and Foster Home Screening

Other \_\_\_\_\_

Name of Employer/Volunteer Agency/Individual Women's Center	Name of CPS/Law-Enforcement or Court
Name	Title
Address 1310 S. Front Street	City
Phone 906-225-1346	State
Fax 906-225-1370	Zip Code
E-mail	Date

**Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.**

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

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.