



## THANK YOU FOR YOUR INTEREST!

### Instructions:

Please read through the Volunteer Opportunities Sheet. Select one or more areas of interest; if you are interested in an area not listed, indicate such on the Application.

1. Complete both sides of the Application.
2. Complete the Request for Central Registry Clearance Form. A copy of your state ID will be required. You may deliver the form to the DHS office located next to the Sheriff's Department at:  
Branch County DHS (FIA) Offices  
388 Keith Wilhelm Drive  
Coldwater, MI 49036

They will print you a page stating the findings.

3. Please mail in, drop off, or email **completed** form and printed page from DHS to:

BCCADSV  
Attn: Karen Hughes, Volunteer Coordinator  
220 N. Michigan Avenue  
Coldwater, MI 49036  
Email: [volunteer@278safe.com](mailto:volunteer@278safe.com)

4. Please keep in mind this is the initial application process, more forms may need to be filled out depending on the area of interest that you have chosen.



### **Volunteer Opportunities**

The primary purpose of volunteers at the Branch County Coalition Against Domestic and Sexual Violence is to assist agency staff in activities that allow us to achieve our mission of providing emergency response and supportive services to victims of domestic violence and advocate for changes that will break the cycle of violence in our society. These activities range from direct services to organizing, cleaning, special projects, and fundraising.

#### **Direct-Service Volunteer Opportunities:**

*In order to ensure highest quality services and safety of our clients, these positions require an application and screening process. The screening process includes a complete criminal history/background check.*

- ***Shelterhouse Coverage/Crisis Line Work***  
*(40 hours of training required)*
  - Provide supportive services to victims/survivors of domestic violence and sexual assault
  - Provide appropriate crisis intervention – empathetic listening and empowerment counseling
  - Provide appropriate referral information to callers about community agencies
  
- ***Child Care***
  - Provide child care for dependents of victims/survivors during appointments, legal proceedings, job interviews, etc.
  
- ***Altrusa Teen SHARE Mentor/House Monitor***  
*(15 hours of training required)*
  - Assist teens with life skills development – cooking, cleaning, laundry, budgeting, etc.
  - Tutoring

#### **Non-Direct Service Volunteer Opportunities:**

- ***Cleaning/Organizing***
  - General house cleaning, laundry, organizing cupboards, etc.
  - Sorting/putting away donations, organizing donations in basement
  - Sorting/putting away food in basement pantry, rotating food in pantry, re-stocking house cupboards with food from pantry
  
- ***Events/Fundraising/Special Projects***
  - Organizing and carrying out fundraising events with the Board of Directors
  - Staffing a display or information table at community events
  - Making copies and/or stuffing envelopes
  
- ***Maintenance***
  - Assist with property grounds maintenance: lawn mowing, landscaping, yard clean up, and special projects as needed
  - Assist with property facilities maintenance: painting, interior decorating projects, repair work, etc.
  - Arrange/pick up large item donations from community members/businesses (i.e: furniture, mattresses, clothing, etc.)
  
- ***Gardening***
  - Preparing soil, weeding, and planting as needed
  - Harvesting and processing vegetables for cooking and freezer storage.



**Branch County Coalition Against Domestic and Sexual Violence**  
**Volunteer Application**

**WELCOME!** Thank you for your interest in volunteering with us. This application is the first step in learning how your skills will best fit with our organization. Please bring this application with you to your interview or mail it to: BCCADSV 220 N. Michigan Ave. Coldwater, MI 49036

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

Please indicate the capacity in which you are most interested in volunteering:

DIRECT SERVICE	NON-DIRECT SERVICE	INTERNSHIP	OFFICE/ CLERICAL	FUNDRAISING/ EVENTS	AS NEEDED
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\*What skills are you interested/ able to share (cooking, computer skills, organizing, etc.)?  
 \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

May we add you to our database (to receive updates about us) **YES** **NO**

Which is your preferred method of contact? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

If you are currently enrolled in school, what school, year, and program are you in?  
 \_\_\_\_\_

Are you earning course credit for volunteering with us? **YES** **NO**

Does your class require on-going crisis intervention, project based, or one-time volunteer experience (circle one)? **ONGOING** **PROJECT BASED** **ONE-TIME**

If you need ongoing crisis intervention volunteering for a class, will you be able to fulfill our three month volunteer requirement (enrollment in a class is not an exemption

from this requirement)? **YES** **NO**

Do you speak any languages other than English? If so, which? \_\_\_\_\_

What days and times are you available? Not sure yet / Have to wait on class schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you ever volunteered or worked with us in the past? **YES** **NO**

If yes, when and in what capacity? \_\_\_\_\_



The following two questions are for statistical purposes only.

Please circle your highest level of education:

Grammar School	HS/ GED	2 yr. Degree Associates	4 yr. Degree in:	Masters	PhD	Trade/ Technical school
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How did you hear about us? \_\_\_\_\_

**Criminal Background Check**

Branch County Coalition Against Domestic and Sexual Violence will check the criminal history of ALL volunteers with the Michigan State Police.

Please list any other names that you have been known by or have used in the past:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? YES NO

If yes please explain:

\_\_\_\_\_

*\*NOTE: A criminal record will not necessarily disqualify an applicant. A criminal history is one piece of information that will be considered in determining the appropriateness of an individual to be a volunteer.*

**PLEASE READ AND SIGN:**

**I have answered the questions on this application to the best of my knowledge, and none of the answers are knowingly false. I meet the organization's requirements for volunteering, as explained elsewhere. I give permission for a criminal background check. I understand that by volunteering here, that I agree to abide by all BCCADSV policies, especially those regarding confidentiality and security. These policies will be further explained to me elsewhere.**

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.

### 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       Employer  
 Individual       I would like to pick up my results in \_\_\_\_\_ county       Volunteer Agency  
 Law-Enforcement/Dept of Corrections       Out-of-State Adoption and Foster Home Screening  
 Prosecuting Attorney/Court (please provide docket number if available)       Other \_\_\_\_\_

Name of Employer/Volunteer Agency/Individual	Name of CPS/Law-Enforcement or Court
Name	Title
Address	City      State      Zip Code
Phone      Fax	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.

COPY PHOTO ID HERE AND RETAIN A COPY  
FOR YOUR RECORDS  
OR ATTACH A CLEAR COPY OF YOUR ID  
ON A SEPARATE PAGE



To: Law Enforcement Authorities  
Child Protective Agencies/Registries  
Judicial Authorities

Re: \_\_\_\_\_  
Applicant's Full Legal Name

\_\_\_\_\_  
Prior Name, Maiden Name, Alias, etc.

SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Birthdate: \_\_\_\_\_

### RELEASE OF CRIMINAL HISTORY RECORD

I do hereby authorize and consent to agents of Branch County Coalition Against Domestic and Sexual Violence (BCCADSV) to contact any child protective agencies and/or registries, law enforcement authorities, and/or judicial authorities and to make inquiries and to obtain any information and/or records related to me to determine if I have committed or have been convicted of any crime and if there are any felony charges pending, including the nature of the crimes committed and/or pending felony charges.

I hereby acknowledge and understand that if I should be a volunteer of BCCADSV, my Volunteer Application and other related information as deemed appropriate for retention will become a permanent part of my file; that if any representations, omissions, or statements made by me during the screening process, which are contained herein, are subsequently discovered to be false or misleading the discovery thereof may result in my dismissal. Furthermore, I understand and agree that my volunteering would be on an at-will basis and is not for a definite period.

\_\_\_\_\_  
Volunteer Signature (Required)

\_\_\_\_\_  
Date Signed



## **Confidentiality and Security Agreement**

### **Confidentiality**

In order to provide for the safety of the survivors and families that we work with, we maintain a very strict confidentiality policy. To volunteer with BCCADSV, it is necessary that you agree to the following confidentiality guidelines. **By initialing below you are agreeing to the statement:**

- I will not confirm or deny that anyone, including children, is a service participant with BCCADSV. If I am asked directly about someone's presence at BCCADSV, I will state, "I have no information" and will refrain from responding with comments such as, "she/he is not here".
- In the unlikely event that I encounter a reason to breach someone's confidentiality (commission of a crime, child abuse/neglect, threats to self and/or others), I will immediately speak with my supervisor. If my supervisor is unavailable, I will inform another staff member.
- I will immediately disclose any and all violations of confidentiality.
- I understand that if I willingly and knowingly violate someone's confidentiality, I will no longer be allowed to volunteer at BCCADSV, including any future endeavors.

### **Security**

BCCADSV security policies and systems are only as effective as the people using them. Therefore, I agree to the following security guidelines:

- I will not prop open locked doors, especially those leading into the Shelterhouse. If I encounter a propped door, I will question the reason and if it not propped open for a legitimate purpose, I will close it.
- I will not take pictures of clients (service participants) or their children without specific written permission. If I am given permission, I must use the BCCADSV equipment for all photo-related activities. This includes developing photos and/or downloading.
- I will not let anyone into the Shelterhouse other than staff, volunteers, and current Shelterhouse residents.
- I will not give any client/service participant my personal number, including home, cell and work phone numbers. I will direct clients to the appropriate advocate when a request is made that is outside of my volunteer role.
- I will direct donors to deliver donations to the appropriate area. If a donation is received at the Shelterhouse entrance, I will receive the donation into the vestibule and ensure that the Shelterhouse door is securely closed.
- If I am to be picked up, I will ask my ride to wait in the vehicle in a parking space and I will identify the vehicle to necessary staff and my supervisor.
- When entering and exiting any public entrance after business hours, I will ensure that doors have been securely latched and locked.
- I will notify staff immediately if I encounter any breach of security and/or suspicious persons on the premises.
- If I am issued a key, I will not allow anyone else use of the key. I will not add any identifying information to my key and/or key ring. If I lose or misplace my key, I will immediately notify my supervisor.

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**Signature**

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**Date**

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**Printed Name**

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**BCCADSV Staff**



## Emergency Information Contact Sheet

Confidential

In the event of an emergency, we must have a contact person listed.

### Personal Information:

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

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

### Emergency Contact Information:

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

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

Work: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Work: \_\_\_\_\_

Relationship: \_\_\_\_\_