



Volunteer Application

First Name: _____ Last Name: _____ Middle Initial: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Date of Birth: ____ / ____ / ____

Email Address: _____

Which is your preferred method of contact? **Text** **Email** **Call**

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

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

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? _____

Is your Community Service Court Ordered? **YES** **NO**

How many hours? _____ What is the completion date? _____

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

References

For Direct Service Volunteers: Please provide two references: (non -relatives)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____



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.*

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? _____

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

If yes, when and in what capacity? _____

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

For office use only

Application Received ____/____/____ Received by _____

Application Status _____

Notes _____



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.

Signature

Date

Printed Name

BCCADSV Staff



Emergency 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: _____

VIII. Acknowledgment

I have received my copy of the Volunteer Policy Handbook, which outlines the policies and volunteer requirements of Branch County Coalition Against Domestic Violence. Changes may be communicated to me, in writing, by Management notice or amendments to the handbook. I will read the information contained in the handbook and keep informed of any changes.

The policies described in this handbook are conditions of volunteering at BCCADV and must be followed for continuance of volunteer status and potential future employment.

A volunteer may quit volunteering with BCCADV without notice and BCCADV may ask a volunteer to leave with or without cause.

By signing below, you agree to the aforementioned.

Volunteer

Date

BCCADV Agent

Date



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

Re: _____
Applicant's Full Legal Name

Prior Name, Maiden Name, Alias, etc.

Gender:

- ☐ Male
☐ Female
☐ Other

Race:

- ☐ White.
☐ Black or African American.
☐ American Indian or Alaska Native.
☐ Asian.
☐ Native Hawaiian or Other Pacific Islander.
☐ Other.

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

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services
(Revised 5-23)

COPY PHOTO ID HERE
OR
ATTACH A SEPARATE PAGE

SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)

Maiden Name, Aliases, also known as (A.K.A)

Social Security Number

Date of Birth

Address

City

State

Zip Code

Phone Number

Email

☐ I would like to pick up my results in _____ County (For Michigan Residents Only).

Signature Required for Individual Being Cleared

Date

SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

☐ Employer

☐ Volunteer Agency

☐ Out-of-State Child Caring Institution

☐ Out-of-State Adoption/Foster Care Home Screening

☐ Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

☐ Individual Self-Request

Name of Agency or Organization

Name of Requester

Address

City

State

Zip Code

Email

Fax

Phone Number

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

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.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

INSTRUCTIONS FOR DHS-1929

REQUIREMENTS

All submitted requests must include a completed form with signature and a copy of the individual of the inquiry's legal photo ID.

With this signed written request, the department may provide confirmation of central registry placement to an individual, office, agency, and/or entity authorized by law to receive it. Results of placement on central registry will be indicated on a DHS-1910, Central Registry Check, response letter and mailed to the address on the individual's legal photo ID within ten (10) business days, via certified mail or marked restricted (to be delivered to addressee only), OR via encrypted email to the requestor, if authorized to receive the results.

If the individual of the inquiry is not listed on central registry, results indicating the person is not listed on central registry as of the date the clearance was performed will be marked on a DHS-1910, Central Registry Check, response letter and issued via standard mail, fax, or by encrypted email to the email address provided on this form within ten (10) business days. If Section 2 is completed, the clearance results will be sent to the listed agency lead.

INSTRUCTIONS

Employer and/or Volunteer Agency

Includes all agencies, organizations and companies employing staff or seeking volunteers. Includes school and university coursework programs, hospitals, medical centers, and third-party companies. Excludes camp organizations, children camp organizations, and Michigan-based child caring institutions.

Michigan-Based Agencies: Michigan employers and volunteer agencies requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the MDHHS office in the county where the employer or volunteer agency is located. See the attached list for MDHHS county office locations and contact numbers.

NOTE: If the Michigan-based agency is requesting a central registry clearance on an employee/volunteer or potential employee/volunteer who **resides out-of-state**, submit the DHS-1929 form, along with a legal ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

Out-of-State Agencies: Out-of-state employers and volunteer agencies requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

Out-of-State Child Caring Institutions: Out-of-state child caring centers, child placing agencies, and residential centers requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

NOTE: Out-of-State Child Placing Agencies requesting investigation case record history **do not complete this form**. Agencies outside of Michigan who are investigating a report of known or suspected child abuse or neglect, may request records by *emailing a request on letterhead to

Out-of-State Adoption and Foster Home Screening: The Division of Child Welfare Licensing (DCWL) will conduct central registry clearances for out-of-state agencies for the following purposes:

1. Licensing foster homes.
2. Adoption screening.

All requests must come from the child placing agency working with the foster or adoptive applicant. The request must be in writing on the requester's letterhead stating the reason for the request (example: foster home licensing, adoptive placement, etc.) and must include all the following and submit by *email to: MDHHS-DCWL-OSCR@michigan.gov

1. Name and title of individual requesting the information.
2. Contact information (phone, fax numbers, email address, etc.)
3. Name(s) of the individual(s) requested to be cleared.
4. The individual being cleared must complete the DHS-1929, Central Registry Clearance Request form that provides authorization for MDHHS to complete the requested clearance. All submissions must include the applicant's legal photo ID.
5. The DHS-1929 form must accompany the agency's request.

Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Any Michigan court, law enforcement agency, Department of Corrections or prosecuting attorney requesting a central registry clearance must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the MDHHS office in the county where the agency is located. See the attached list for MDHHS county office locations and contact numbers.

INDIVIDUAL SELF-REQUEST

Michigan Residents: Michigan residents who are requesting a central registry clearance on themselves must complete Section 1 and check the "Individual Self-Request" box in Section 2. Submit the completed DHS-1929 form, along with legal photo ID, to your local MDHHS office. Results will be sent to your listed address. If you need to retrieve your results in person at your local MDHHS office, you must provide your legal photo ID to receive the results. See the attached list for MDHHS county office locations and contact numbers.

Out-of-State Residents: Individuals who are not residents of Michigan who are requesting a central registry clearance on themselves must complete Section 1 and check the "Individual Self-Request" box in Section 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

Other Agencies/Organizations Not Listed

If your agency is not listed within the instructions, visit the Michigan Central Registry website for instructions to obtain the information needed by your agency to request or obtain a central registry clearance.
www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect

*MDHHS strives to protect client confidentiality. If using email to communicate with MDHHS, please encrypt the email to protect the client's information. If encryption is not available, please mail or fax the request.

County	Address	Phone	Fax/*Email
Alcona	410 E. Main St. Harrisville MI 48740	989-724-9000	989-362-6629
Alger	413 Maple St., Munsing, MI 49862	906-628-7002	906-387-4710
Allegan	3255 122nd., Ste. 300 Allegan, MI 49010	269-673-7700	269-673-7795
Alpena	600 Walnut St., Alpena MI 49707	989-354-7200	989-354-7242
Antrim	203 E. Cayuga St., PO Box 316, Bellaire, MI 49615	231-533-8664	231-533-8740
Arenac	3709 Deep River Rd., Standish, MI 48658	989-846-5500	989-846-4365
Baraga	108 Main St., PO Box 10, Baraga, MI 49908	906-275-5050	906-353-8415
Barry	430 Barfield Dr., Hastings, MI 49058	269-948-3200	269-948-4101
Bay	1399 W. Center Rd., Essexville, MI 48732	989-895-2100	989-895-2494
Benzie	448 Court Plaza Govt. Ctr., PO Box 114, Beulah, MI 49617	231-882-1330	231-882-9078
Berrien	401 Eighth St., PO Box 1407, Benton Harbor, MI 49023	269-934-2000	269-934-2115
Branch	388 Keith Wilhelm Dr., Coldwater, MI 49036	517-279-4200	517-278-5346
Calhoun	190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016	269-966-1284	269-966-2837
Cass	325 M-62, Cassopolis, MI 49031	269-445-0200	269-445-0298
Charlevoix	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Cheboygan	827 S. Huron St., Cheboygan, MI 49721	231-627-8500	231-627-8546
Chippewa	463 East 3 Mile Rd., Sault Ste. Marie, MI 49783	906-635-4100	906-635-4173
Clare	725 Richard Dr., Harrison, MI 48625	989-539-4260	989-539-4200
Clinton	105 W. Tolles Rd., St. Johns, MI 48879	989-224-5500	989-224-3896
Crawford	230 Huron Grayling, MI 49738	989-348-7691	989-348-2838
Delta	305 Ludington St., Escanaba, MI 49829	906-786-5394	906-786-5350
Dickinson	1401 Carpenter Ave. Ste. A, Iron Mountain, MI 49801	906-779-4100	906-774-2775
Eaton	1050 Independence Blvd., Charlotte, MI 48813	517-543-0860	517-543-2125
Emmet	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Genesee	125 E. Union St., PO Box 1628, Flint, MI 48501	810-760-2550	810-760-2745
Gladwin	675 E. Cedar Ave., Gladwin, MI 48624	989-426-3300	989-426-3353
Gogebic	301 E. Lead St., Bessemer, MI 49911	906-663-6200	906-663-6230
Grand Traverse	701 S. Elmwood Ste.19, Traverse City, MI 49684	231-941-3900	231-941-0037
Gratiot	201 Commerce Dr., Ithaca, MI 48847	989-875-5181	989-875-2811
Hillsdale	40 Care Dr., Hillsdale, MI 49242	517-439-2200	517-439-0015
Houghton	47420 State Hwy. M-26 Ste. 62, Houghton, MI 49931	906-482-0500	906-487-7726
Huron	1911 Sand Beach Rd., Bad Axe, MI 48413	989-269-9201	989-269-9875
Ingham	5303 S. Cedar St., Lansing, MI 48911	517-887-9400	517-887-9500
Ionia	920 E. Lincoln, Ionia, MI 48846	616-527-5200	616-527-1849
Iosco	2145 E. Huron Rd., East Tawas, MI 48730	989-362-0300	989-362-6629
Iron	337 Brady Ave., PO Box 250, Caspian, MI 49915	906-265-9958	906-265-6390
Isabella	1919 Parkland Dr., Mt. Pleasant, MI 48858	989-772-8400	989-772-8460
Jackson	301 E. Louis Glick Hwy., Jackson, MI 49201	517-780-7400	517-780-7160
Kalamazoo	427 E. Alcott St., Kalamazoo, MI 49001	269-337-4900	269-337-5179
Kalkaska	503 North Birch St., Kalkaska, MI 49646	231-258-1200	231-258-4482
Kent	121 MLK Jr. St. SE, Ste. 200, Grand Rapids, MI 49507	616-248-1000	616-248-1035

County	Address	Phone	Fax/*Email
Keweenaw	3616 Highway US-41, PO Box 351, Mohawk, MI 49950	906-337-3302	906-337-1131
Lake	5653 S. M-37, Baldwin, MI 49304	231-745-8159	231-745-2930
Lapeer	1505 Suncrest Dr., Lapeer, MI 48446	810-667-0800	810-667-0795
Leelanau	701 S. Elmwood Ste. 19, Traverse City, MI 49684	231-941-3900	231-941-0037
Lenawee	1040 S. Winter St. Ste. 3013, Adrian, MI 49221	517-264-6300	517-264-6357
Livingston	2300 E. Grand River Ste. 1, Howell, MI 48843	517-548-0200	517-548-0298
Luce	500 W. McMillan, Newberry, MI 49868	906-293-5144	906-293-3857
Mackinac	199 Ferry Lane, Saint Ignace, MI 49781	906-643-9550	906-643-7467
Macomb	44777 North Gratiot, Ste B, Clinton Township, MI 48036	586-412-6150	586-469-5555
	*Email: MDHHS-Macomb-CRC-Requests@michigan.gov		
Manistee	1672 US 31 South, Manistee, MI 49660	231-723-8375	231-398-2106
Marquette	Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855	906-228-9691	906-228-3393
Mason	915 Diana St., Ludington, MI 49431	231-845-7391	231-843-1430
Mecosta	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Menominee	2612 10th St., Menominee, MI 49858	906-863-9965	906-863-7426
Midland	1509 Washington, Ste. A, Midland, MI 48641	989-835-7040	989-835-7597
Missaukee	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Monroe	903 S. Telegraph, Ste. A, Monroe, MI 48161	734-243-7200	734-243-1660
Montcalm	609 N. State, PO Box 278, Stanton, MI 48888	989-831-8400	989-831-8496
Montmorency	13210 M-33, Atlanta, MI 49709	989-785-4218	989-785-2302
Muskegon	2700 Baker St., PO Box 4290, Muskegon Heights, MI	231-733-3700	231-733-3872
Newaygo	1018 Newell, PO Box 640, White Cloud, MI 49349	231-689-5500	231-689-5586
Oakland	51111 Woodward Ave., Pontiac, MI 48342	248-975-5400	248-975-5550
Oceana	4081 W. Polk Rd., Hart, MI 49420	231-873-7251	231-873-3803
Ogemaw	444 E. Houghton Ave., West Branch, MI 48661	989-345-5135	989-345-4688
Ontonagon	408 Cooper St., Ste. B, Ontonagon, MI 49953	906-813-7006	906-884-6323
Osceola	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Oscoda	200 W. Fifth St., Mio, MI 48647	989-826-4000	989-826-3961
Otsego	931 S. Otsego Ave., Gaylord, MI 49735	989-732-1702	989-732-8715
Ottawa	12185 James St. Ste. 200, Holland, MI 49424	616-394-7200	616-395-5526
Presque Isle	164 N. Fourth St., Rogers City, MI 49779	989-734-2108	989-734-2767
Roscommon	715 S. Loxley Rd., Houghton Lake, MI 48629	989-366-2300	989-366-2304
Saginaw	411 E. Genesee, PO Box 5070, Saginaw, MI 48605	989-758-1100	989-758-1485
St. Clair	220 Fort St., Port Huron, MI 48060	810-966-2000	810-966-2025
St. Joseph	692 E. Main St., Centreville, MI 49032	269-467-1200	269-467-1229
Sanilac	515 S. Sandusky Rd., Sandusky, MI 48471	810-648-4420	810-648-4432
Schoolcraft	300 Walnut St., Manistique, MI 49854	906-341-2114	906-341-2110
Shiawassee	1720 E. Main St. Ste. 1, Owosso, MI 48867	989-725-3200	989-725-3308
Tuscola	1365 Cleaver Rd., Caro, MI 48723	989-673-9100	989-673-9209
Van Buren	57150 CR 681, Hartford, MI 49057	269-621-2800	269-621-2927
Washtenaw	22 Center St., Ypsilanti, MI 48198	734-481-2000	734-481-8386

County	Address	Phone	Fax/*Email
	*Email: MDHHS-Section8-CRRequestsWashtenaw@michigan.gov		
Wayne North	8625 Greenfield, Detroit MI 48228	313-852-1700	313-852-1891
Wayne South	1801 E. Canfield Detroit, MI 48207	313-578-5500	
	*Email: MDHHS-Central-Registry-Requests@michigan.gov		
Wayne West	27540 Michigan Ave., Inkster, MI 48141	313-931-6385	313-931-6439
Wayne-Districts	www.michigan.gov/mdhhs/inside-mdhhs/county-offices/wayne		
Wexford	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Out-of-State Adoption/Foster Care	*Email: MDHHS-DCWL-OSCR@michigan.gov		
Out-of-State Requests	PO Box 30037, 13th Floor, Lansing, MI 48909-7537	517-899-7446	517-763-0280
	*Email: MDHHS-Outofstate-Central-Registry@michigan.gov		