

# Volunteer Application

Van Buren Community Mental Health  
801 Hazen Street, Suite C, PO Box 249  
Paw Paw, Michigan 49079  
Attn: Human Resources

PLEASE PRINT

Volunteer Work Desired: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP CODE

Home PH # ( ) Cell PH # ( ) Last 4 of Social Security # \_\_\_\_\_

Can we contact you at work?  Yes  No If yes, enter work # and best time of day to reach you: ( ) \_\_\_\_\_

Do you have a valid Michigan driver's license?  Yes  No Do you have reliable transportation?  Yes  No

Have you ever been employed here before? \_\_\_\_\_  Yes  No

How many hours do you want to volunteer? \_\_\_\_\_ Per:  Week  Month

Days and hours available to volunteer: A.M. P.M. A.M. P.M.  
Monday Friday  
Tuesday Saturday  
Wednesday Sunday  
Thursday

Date available to begin? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_  Yes  No

If yes, please explain \_\_\_\_\_

*Conviction will not necessarily be a bar to participating in volunteer activities. Each instance and explanation will be considered in relation to the nature of the volunteer work for which you are applying.*

## Employment History

Provide the following information for your past two (2) employers, starting with the **MOST RECENT**.

FROM	TO	EMPLOYER	TELEPHONE ( )
POSITION HELD		ADDRESS	
SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	

FROM	TO	EMPLOYER	TELEPHONE ( )
POSITION HELD		ADDRESS	
SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	

## Volunteer History

FROM	TO	EMPLOYER	TELEPHONE ( )
POSITION HELD		ADDRESS	
SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

  

FROM	TO	EMPLOYER	TELEPHONE ( )
POSITION HELD		ADDRESS	
SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

## Skills and Qualifications

My skills include:

My hobbies/interests include:

I like to work with:

I want to learn more about:

I want to be a volunteer because:

List other organizations/clubs you are involved with:

How did you hear about our volunteer program?

## Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
COLLEGE		MAJOR	DEGREE	
OTHER		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## References

NAME	TELEPHONE	YEARS KNOWN

VAN BUREN COMMUNITY MENTAL HEALTH DOES NOT UNLAWFULLY DISCRIMINATE AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

IT IS THIS AGENCY'S POLICY NOT TO REFUSE TO ACCEPT QUALIFIED VOLUNTEERS WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

**NOTICE TO APPLICANTS:**

- IT IS THIS ORGANIZATION'S POLICY TO SECURE CRIMINAL HISTORY AND DRIVER'S LICENSE RECORD INFORMATION AS PART OF THE VOLUNTEER SCREENING PROCESS USING THE INFORMATION PROVIDED ON THE ATTACHED CRIMINAL HISTORY CHECK RELEASE AND DRIVER'S LICENSE RECORD REQUEST FORMS.

I represent and warrant that I have read and fully understand the foregoing and seek a volunteer relationship under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# VAN BUREN COMMUNITY MENTAL HEALTH

## Criminal History and Federal Health Care Program Exclusion Screening & Disclosure Form

**\*\* PLEASE PRINT \*\***

As a prospective employee/intern/volunteer of Van Buren Community Mental Health, I understand that it is this organization's policy to conduct required screenings of criminal history and federal health care program exclusion data bases using the information provided below.

I **have resided** in Michigan for the past 5 or more years, from the date of this application.

I **have NOT resided** in Michigan for the past 5 or more years, from the date of this application. I have resided in the following states in the past 5 years: \_\_\_\_\_

**Please print your FULL name:**

**FIRST**

**MIDDLE**

**LAST**

**Name(s) previously used:**

**First**

**Middle**

**Last**

**First**

**Middle**

**Last**

**First**

**Middle**

**Last**

**Birth Date:** \_\_\_\_\_  
(Month, day, year)

**Gender:**  Male  Female

**Ethnic ID:**  White  Black  Asian or Pacific Islander  
 American Indian or Alaskan Native  Other: \_\_\_\_\_

**Have you, under any current or former name or business identity, ever been debarred, suspended or otherwise excluded from participation in any federal health care program?**  Yes  No

I authorize Van Buren Community Mental Health to utilize the above information for the sole purpose of obtaining a criminal history file search and conducting screenings for individuals excluded from participating in Medicare, Medicaid, or any other Federal health care program. I also understand VBCMh may be required to obtain a criminal history file search from other states if I have not resided in Michigan for the past 5 or more years.

**Signature**

**Date**

# Driver's License Record Request

Requested by:

Van Buren Community Mental Health  
801 Hazen Street, Suite C  
Paw Paw, MI 49079

Requested from:

Michigan Department of State  
Conversion Unit  
Lansing, MI 48918

Name (exactly as it appears on license):

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First

Middle

Last

Date of Birth:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MM DD YYYY

Michigan Driver's License Number:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
*Ex:* A111 222 333 444

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I understand that the above information is required by the Michigan Department of State. I authorize Van Buren Community Mental Health to utilize the above information for the sole purpose of obtaining a driver's license history file search. I also understand VBCMH may be required to obtain a driver's history file search from other states if I have not resided in Michigan for the past 3 or more years.

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**Signature**

**Date**