

VOLUNTEER REGISTRATION RECORD
ONGOING VOLUNTEERS
 Michigan Department of Health and Human Services

PERSONAL DATA:

Volunteer Name (Last, First, Middle Name)				Email address			
Birth Date		Social Security Number		List below all minor children in your home for whom you are legally responsible. (Required for requested reimbursement of day care expenses)			
Home Address (Street Number and Name, Rural Route, PO Box No.)							
City		State	Zip				
Home Telephone Number ()		Cell Phone Number ()					
Previous or Other Names Used:							
How many hours do you wish to work per month?							
Do you have a valid Michigan Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License Number		Do you have use of a motor vehicle? (If required in the performance of your job duties) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Person to Notify in case of emergency:				Phone Number ()			

Yes No If yes, please explain

Have you been identified as a perpetrator of child abuse or neglect? _____

Have you been convicted of a felony? _____

Have you been convicted of a misdemeanor? _____

Do you have a felony charge pending? _____

Have you received any moving traffic violations? _____

Do you require reasonable accommodations in order to perform volunteer services? No Yes (Please Explain)

Describe the type of volunteer work desired.

ENTER DAYS AND HOURS AVAILABLE BELOW							
	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Mornings							
Afternoons							
Evenings							

INTEREST AND SKILLS:

My skills and interests include:

I like to work with:

Things I prefer not to do:

I would like to learn more about:

I want to volunteer because:

List organizations you belong to:

How did you hear about the MDHHS volunteer program?

EMPLOYMENT / VOLUNTEER HISTORY:

Paid Position: (Name, address and phone of current or most recent employer:

If currently employed, may I contact you at work? Yes No

Describe Volunteer experiences:

Have you ever been employed by or volunteered for the State of Michigan?
 No Yes - employed Yes - volunteered
 If yes, give department / agency and date(s)

Do I have your permission to contact your employer or volunteer organization? Yes No

EDUCATION AND TRAINING:

High School Diploma or GED:
 Highest grade completed: Yes No If yes, year received:

Describe Education or Training beyond High School:

REFERENCES: Do not include the names of family relatives

Name	Relationship	Complete Mailing Address	Phone Number	Date Verified
			()	
			()	
			()	

You have my permission to contact references, and to do a criminal record check, a Children's Protective Services record check and a Secretary of State driving record check. Yes No

I authorize the use of my name and photograph/video tapes for publicity purposes. Yes No

Volunteer Signature	Date	Interviewer Signature	Date
Signature of parent or guardian if volunteer is a minor	Date		

OFFICE USE ONLY

Bridges Search completed _____ Date _____ Results _____		Public Sex Offender Registry (PSOR) completed _____ Date _____ Results _____
Criminal record check completed Date _____ Results _____	Children's protective services record check completed Date _____ Results _____	Volunteer will not be transporting clients <input type="checkbox"/> Secretary of State driving record check completed Date _____ Results _____
Copy of Driver's license on file	Copy of Proof of insurance on file	Copy of vehicle registration on file

Placement Notes:

NOTE: All background checks must be completed to register the volunteer and then annually thereafter.

AUTHORITY: P.A. 280 of 1939 RESPONSE: Voluntary PENALTY: May not be accepted as a volunteer.	The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.
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