



**Ionia Montcalm Secure and Friendly Environment
Child Advocacy Center**

Mailing Address: PO BOX 441
Ionia, Michigan 48846
(616) 225-7267
www.imsafecac.org

VOLUNTEER APPLICATION

Thank you for your interest in the IM SAFE CAC. We welcome prospective volunteers from diverse backgrounds and experience. We hope you will consider joining us in our work to protect children. The questions asked in this application are asked as a preliminary assessment of your interests and talents to determine your potential placement as a Care House volunteer.

INFORMATION DISCLOSURE

As an applicant, your name, job history, education, training, and work availability are public information. All other information will remain private. As a volunteer, your name, job title, job description, dates of volunteering, work location, work telephone number, and time sheets can be made public. All other data about you remains private and will not be shared without your written permission.

If you have been arrested or convicted of a crime against a child, or if you do not successfully pass the required background clearances, you CANNOT volunteer at the IM SAFE CAC.

A Michigan State Police criminal background check and a Department of Health and Human Services Central Registry Clearance background check will be conducted and are required in order to be accepted in the volunteer program. If you choose to withhold this information, you will be ineligible to volunteer. Upon receipt of a completed volunteer application, signed release form, and signed consent form, the IM SAFE CAC will conduct the above mentioned criminal background checks. The IM SAFE CAC Director will review all results.

In instances where negative or incomplete information is obtained, the Director will assess the potential risks and liabilities and determine whether the individual should be accepted for volunteer work. All offers of volunteer work at the IM SAFE CAC are contingent upon clear results of a thorough background check. The IM SAFE CAC reserves the right to modify this policy at any time without notice.

Please note all of the following requirements for volunteer eligibility:

A completed volunteer application, volunteer interview, criminal background check, reference check, agency orientation and agency provided training. Availability for positions, unless otherwise stated, is normal business hours (8:30am-4:30pm) and upon advance notice of special projects.

VOLUNTEER JOB DESCRIPTIONS

Clerical/Office Volunteer:

Duties include but are not limited to: making copies, compiling packets, organizing files and literature, preparing bulk mailings, restocking shelves, answering telephones, maintaining office/wish list inventories and general everyday administrative tasks. Volunteer may also welcome families, assist parents with paperwork, tidying waiting room areas and providing guests with general assistance.

Direct Care Volunteer:

Duties include but are not limited to: Greeting and informally visiting with children and adults while creating a safe and child friendly environment as families wait for interviews or counseling sessions, supervising/entertaining children and siblings in the waiting area, and tidying the waiting room areas.

Applicants for Direct Care Volunteer positions MUST complete a specialized training by the IM SAFE CAC prior to placement. (Please note: if you have worked or volunteered with another organization you **MUST** list that organization as a reference).

Facility Maintenance Volunteer:

Duties include but are not limited to: spending time outdoors beautifying the yard in the spring, summer or fall by planting flowers, raking leaves, maintaining flower beds or weeding unwanted vegetation. These volunteers may also participate in interior and/or exterior painting and cleaning projects. These projects can be good opportunities for high school groups, work or church groups who are interested in community involvement.

Special Event / Fundraising Volunteer:

Duties include but are not limited to: pre-event planning and preparations, post-event clean up, participation in various aspects of special events, serving on and attending event committee meetings. This position also includes gathering donations for the event, assembling mailings and telephoning prospective advertisers/sponsors. This volunteer may also participate in the event by helping with registration, greeting guests, collecting tickets or various other activities.

Events are held at various times throughout the year and volunteers will be called to participate as the need arises.

****If you have any questions regarding our volunteer opportunities, please contact our Volunteer Coordinator, Lori Kirkhoff at lkirkhoff@imsafecac.org at (616) 225-7267.**



Today's Date: 3/10/21

How did you hear about us? Handshake

Full legal name: Kayla Gunn

Address: 2700 Hannah Blvd Apt #5512 — Temporary Address

City: East Lansing State: MI Zip: 48823

Home Telephone: () _____ Work Telephone: () _____

Cell Phone: (734) 347-6690 Email: gunnkayl@msu.edu

Place of employment and/or name of school: Michigan State University

Have you had any previous volunteer experience?

If so, please list the name of the organization(s) and the approximate time frame.

Organization: Spartan's Rebuilding Michigan Time frame: Sept 2018- May 2019

Organization: Camp Kesem Time frame: Sept 2020- Present

List your level of education and special trainings: Junior level at Michigan State University

When is the best time to reach you? Any time except Tuesdays and Thursdays from 8:30-9:50 am and Fridays from 9:10-12:00 pm.

How do you prefer we contact you? Email or Phone

Please indicate morning, afternoon and evening availability.

Monday A.M. X P.M. X Evenings X

Tuesday A.M. X P.M. X Evenings X

Wednesday A.M. x P.M. X Evenings X

Thursday A.M. X P.M. X Evenings X

Friday A.M. X P.M. X Evenings X

Saturday A.M. X P.M. X Evenings X

Sunday A.M. X P.M. X Evenings X

Are you considering volunteering with us for course credit or to fulfill a class requirement?

Yes No

If yes:

School name: Michigan State University Course: PSY 382

Instructor's name: Jessica Saucedo

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Do you have any experience in the following areas?

Clerical Skills

- Typing Filing
- Phone/Reception Work Computer Work/Data Entry
- Mailings Web Design and Maintenance
- Other _____

Miscellaneous Skills

- Sorting/Organizing Light Cleaning
- Heavy Cleaning Pick-Ups and Deliveries
- Repairs Gardening
- Other _____

Communication Skills

- Public Speaking Fundraising

Journalism

Public Relations

Foreign Language(s)

Sign Language

Graphic Arts

Grant Writing

Other _____

Please list additional interests, knowledge areas, hobbies or special skills that you offer as a volunteer.

Some additional skills I have are conflict management, leadership, team building, customer service

I have taken a few classes about child development and mental health related classes

Please indicate the areas of service that interest you.

Clerical/Office Volunteer

Direct Care Volunteer

Facility / Maintenance Volunteer

Special Events/Fundraising

Other _____

Have you had any experience with a human service agency as a staff person, foster parent, volunteer or client?
If yes, please describe:

Were you abused or neglected as a child? Yes No

Were you ever a victim of sexual assault? Yes No

Please list two or more expectations or ideas you have about volunteering at the IM SAFE CAC.

With an internship, I would like to work directly with clients, with or without supervision.

I expect to provide a safe environment for all clients.

Any additional thoughts, comments, or anything else you would like us to know?

Please list three personal or professional references that we can call.

| Name | Phone Number | Relationship |
|----------------------------|---------------------|----------------------|
| 1. <u>Stacia Sepúlveda</u> | <u>734-740-0145</u> | <u>Teacher</u> |
| 2. <u>Trish Kraus</u> | <u>734-649-0572</u> | <u>Family-Friend</u> |
| 3. <u>Julie Fisette</u> | <u>248-974-5045</u> | <u>Coach/ Mentor</u> |

Acknowledgement

I declare that all of the preceding information is true and correct to the best of my knowledge. I understand that the information given in this application will be verified I further understand that any false or misleading information given by me can disqualify me from consideration or result in separation at a later time.

I understand that the organization is not obligated to provide a placement, nor am I obligated to accept the position offered. I also understand that a volunteer position at the IM SAFE CAC is an at-will position.

| | |
|---------------------|----------------|
| <i>Kayla Gunn</i> | <u>3/10/21</u> |
| Applicant Signature | Date |

| | |
|---|---------------|
| _____ Parent Signature (if applicant is under the age of 18) | _____ Date |
|---|---------------|

Thank you for taking the time to fill-out this application completely and honestly. Upon receipt, we will notify you and schedule an interview.

Please return this application to:

IM SAFE CAC
 Attn: Volunteer Coordinator
 PO Box 441
 Ionia, MI 48846
 Fax: (989)248-3534
 E-mail: imsafecac@gmail.com



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CRIMINAL BACKGROUND CHECK FORM

Please complete the information below. All information will be held in strict confidence.

Full Legal Name: (including middle initial): Kayla R. Gunn

Other Name(s) if applicable:

Address: 1030 Vassar South Lyon, MI 48178

Date of Birth: 09/04/2000

Race: Caucasian [] Male [x] Female

Permission to Conduct Background Checks

I hereby give my permission for the IM SAFE CAC to conduct a criminal background check to obtain information for the purpose of assessing my suitability as an IM SAFE CAC volunteer.

Kayla Gunn
Applicant's Signature

3/10/21
Date

Parent's Signature (if applicant is under the age of 18)

Date

For Completion by IM SAFE CAC

Date of background checks: Initials:

MI Public Sex Offender Registry (ICHAT) [] No results found

US Public Sex Offender Registry [] No results found

[] Comments





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**VOLUNTEER
RELEASE OF INFORMATION**

I AUTHORIZE IM SAFE CAC to verify any of the information contained in my volunteer application. I understand that any false information contained in my application may prevent me from being accepted as a volunteer with the IM SAFE CAC.

I understand that, if I am accepted as an IM SAFE CAC volunteer, I will serve at the will of the agency and I shall be bound by the guidelines of the agency, which will be explained to me during my training. I further understand that failure to comply with these same guidelines may result in my dismissal.

I agree that either party may terminate the voluntary relationship, with or without cause, at any time for any reason.

I understand that I will not be rejected for a volunteer position on the basis of race, creed or religion, color, gender, national origin, age, sexual orientation, handicap or other factors, which cannot be lawfully used as the basis for a decision.

I understand that, in order to volunteer, I must successfully complete with signature a criminal background check form. I further understand that failure to sign this form, and/or failure to successfully pass the criminal background check will prevent me from filling a volunteer position.

I give IM SAFE CAC permission to contact the references that I have listed on my volunteer application. I understand that specific questions will be asked of my references and will include, but not be limited to:

- Length of the time the referral has known me
- Capacity in which referral has known me
- Referral’s perceptions of my character
- Referral’s perception of my ability to act in a professional manner

In signing this form, I agree that the above information has been explained to my satisfaction and I have complete understanding of its meaning. I further understand that a copy of the signed form will be given to me for my reference.

Kayla Gunn

Applicant’s Signature

3/10/21

Date

Parent’s Signature (if applicant is under the age of 18)

Date

CENTRAL REGISTRY CLEARANCE REQUEST
Michigan Department of Health and Human Services

Copy Photo ID Here
or
Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

| | | |
|---|--|---------------------------------------|
| Name: (First, Middle, Last) | Signature Required for Individual Being Cleared | Date |
| Also Known as Name (AKA) | Social Security Number | Date of Birth |
| Address | City | State Zip Code |
| Phone Number | Email | |
| <input type="checkbox"/> I am completing this for myself. | <input type="checkbox"/> I would like to pick up my results in _____ | County (For Michigan Residents Only). |

SECTION 2 REQUESTER INFORMATION

Please Check Appropriate Box

Employer Volunteer Agency Adoption/Foster Care Home Screening Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney
 Other _____

Name of Agency or Organization _____

Name of Requester _____

| | | | |
|---------|------|--------------|----------|
| Address | City | State | Zip Code |
| Email | Fax | Phone Number | |

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

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.

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.