

## VOLUNTEER APPLICATION

Personal Information				
DATE:				
NAME:				
CITY:	_ STATE:	ZIP:		
PHONE NUMBER:				
EMAIL ADDRESS:				
Volunteer Interests (Select all that appl	y)			
<ul> <li>EVENT SUPPORT/PREP</li> <li>MENTORSHIP</li> <li>ACTIVITIES, CLASS, OR EVENT</li> <li>CAMPUS CLEAN-UP</li> <li>HOLIDAY</li> <li>FULFILLING WISHLISTS</li> <li>ENCOURAGEMENT CARDS</li> <li>OTHER (PLEASE SPECIFY):</li></ul>				
FORM CONTINUED ON NEXT PAGE				
For Office Use Only				
PLACED: PROGRAM	l:	DATE:		
EXPLANATION:				

## **Criminal History**

1. Have you ever been convicted of a felony or misdemeanor in the State of Michigan and/or do you have pending felony charges against you?

If you answered yes, please provide (a) the date of the conviction; (b) a description of the facts and circumstances relating to the conviction, including the County where you were convicted; and, if applicable, (c) a description of the pending felony charge, including the County where the charge is pending.

2. Are you listed as a perpetrator of child abuse or neglect on the Central Registry for Abuse and Neglect in the State of Michigan?

If you answered yes, please provide (a) the date when you were identified as a perpetrator of child abuse or neglect; and (b) a description of the facts and circumstances relating to your listing as a perpetrator on the registry.

3. Have you ever had a Child Protective Services' investigation result in a confirmed case of child abuse or neglect against you regardless of whether you were listed on the Central Registry for Abuse and Neglect in the State of Michigan? 
VES INO

If you answered yes, please provide (a) the date when the case of abuse or neglect was confirmed against you; and (b) a description of the facts and circumstances relating to the confirmation.

Have you ever been convicted of a felony or identified as a perpetrator of child abuse or neglect in another state?
 □ YES □ NO

If you answered yes, please provide (a) the date of the felony conviction and/or the date when you were identified as a perpetrator of child abuse or neglect; (b) the state where you were convicted or identified; and (c) a description of the facts and circumstances underlying your conviction or child abuse or neglect identification

## Applicant Certification and Agreement

Carefully read the following statement and sign as specified below.

I have completed this application, and hereby declare the information provided is true, complete and correct to the best of my knowledge. I understand that any misstatement or omission of fact on this application will be considered cause for my dismissal. I further authorize Wedgwood Christian Services to obtain references concerning my character, personal qualities, and past job performance. I understand that volunteers are accepted based on program need and best fit for residents' treatment, and contingent on the status of my background check.

SIGNATURE:	DATE:
	3300 36 <sup>™</sup> Street SE, Grand Rapids, MI 49512-2810
P. (616) 942-2110	D F. (616) 942-0589 WWW.WEDGWOOD.ORG COA Accredited
INTEGRI	Y COMPASSION EXCELLENCE DIVERSITY