



44765 Woodward Ave., Pontiac, MI 48341  
248.332.7173, www.carehouse.org

## **VOLUNTEER APPLICATION**

### **Purpose and Use of Application Information**

Thank you for your interest in working as a volunteer with the Volunteer Program of CARE House.

The questions in this application are asked as a preliminary assessment of your qualifications as a volunteer. The Volunteer Application contains much of the material included in the Council Staff Application.

### **Volunteer Opportunities: [Please check the program(s) for which you wish to volunteer]**

The CARE House of Oakland County has a variety of opportunities for volunteers that include:

1. **Child Assist:** This volunteer provides comfort to children who come to CARE House for an interview concerning allegations of sexual or physical abuse. The volunteer eases the fear of these children by reading, playing games or taking part in other age-appropriate activities.
2. **Family Support Group:** CARE House therapists offer a weekly support group to many of the children who have been interviewed and disclosed their abuse. The support group also includes the non-offending parents and siblings, and it focuses on positive issues and rebuilding self-esteem damaged by the abuse. Volunteers can participate in activities with children or help to facilitate the parent group. Meeting times are 5:30 pm – 7:30 pm Tuesdays.
3. **Nurturing Parenting Program:** Volunteers are needed for a 15 week program on Thursday evenings for the Parent Group, Children's Group, Infant/Toddlers, and providing a meal for the evening.
4. **Meal Provider:** Your Group can volunteer to prepare a nutritious meal for our children and families on Family Support Night. Scheduling frequency is flexible.
5. **Front Desk Greeter:** A volunteer that is the welcoming presence for children and families as they come to CARE House. Our Greeters welcome the children and families and notify the appropriate staff. They also assist with special projects at the front desk.
6. **Medical Assistant:** Is a health care trained Volunteer who cares for the child and assists the physician during a medical evaluation when a child visits our medical clinic.
7. **Janice Morganroth CASA:** This volunteer is trained by the Council and appointed by the 6<sup>th</sup> Judicial Circuit – Family Division, to serve as a special advocate for an abused/neglected child(ren) while under the Court's jurisdiction. The Advocate provides a consistent voice for the child during the Court involvement.
8. **Development/Special Events:** Development is responsible to raise funds for the operations of the Council. At certain times, volunteers are needed to assist in preparing invitations, information packets, or other mailers, and to participate in the events with activities, such as helping with registration or setting up for the event.

**INFORMATION DISCLOSURE**

As an applicant, your name, job history, education, training, and work availability are public information. All other information will remain confidential. 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.

**VOLUNTEER APPLICATION**

PLEASE TYPE OR WRITE LEGIBLY USING BLACK INK. COMPLETE ALL PAGES OF THE APPLICATION. THANK YOU!!

**BACKGROUND INFORMATION**

Preferred Prefix: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_  
(Mr./Ms./Mrs./Mx./Dr.) (she/her, he/him/ they/them, other)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Are you 18 years old or older? Yes\_\_\_ No \_\_\_

Have you lived in a state other than Michigan in the past five (5) years? Yes No

If yes, where: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ Best Time To Call \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Best Time To Call \_\_\_\_\_

OK to call at work? Yes\_\_\_ No\_\_\_ Work Telephone \_\_\_\_\_

Work E-mail: \_\_\_\_\_

**EDUCATION:** (Please list school/college name and degree).

High School: \_\_\_\_\_ Graduated Yes\_\_\_ No\_\_\_

College: \_\_\_\_\_ Graduated Yes\_\_\_ No\_\_\_

Other: \_\_\_\_\_ Graduated Yes\_\_\_ No\_\_\_

**EMPLOYMENT:**

Employer	Position	Dates Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Due to the sensitive nature of the work done by CARE House, all responses to the questions below will be kept confidential.*

**VOLUNTEER EXPERIENCE:**

Organization/Business	Position	Dates Volunteered
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any professional or civic organizations to which you belong: \_\_\_\_\_

\_\_\_\_\_

How did you learn about the CARE House of Oakland County? \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

Please list any strong interest, knowledge areas, hobbies or special skills that you offer as a volunteer.

\_\_\_\_\_

\_\_\_\_\_

Are you fluent in another language? Yes\_\_\_\_ Specify\_\_\_\_\_

What experience or knowledge of children and families (i.e. parenting experience, child care experience, education or work experience) do you have to assist you in serving as a volunteer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any experience dealing with the juvenile or family court system? If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion, how could the system do a better job to protect children?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours are you available each week? \_\_\_\_\_

Please indicate morning, afternoon and evening availability:

<b>Mon</b>	AM _____	PM _____	Eve _____	<b>Fri</b>	AM _____	PM _____	Eve _____
<b>Tue</b>	AM _____	PM _____	Eve _____	<b>Sat</b>	AM _____	PM _____	Eve _____
<b>Wed</b>	AM _____	PM _____	Eve _____	<b>Sun</b>	AM _____	PM _____	Eve _____
<b>Thur</b>	AM _____	PM _____	Eve _____				

Some volunteer duties require the use of a car. Would you have an available car covered with liability insurance? Yes \_\_\_ No \_\_\_

Has anyone ever complained about your use of drugs and/or alcohol? Yes \_\_\_ No \_\_\_

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

Were you abused or neglected as a child? Yes \_\_\_ No \_\_\_

Were you ever a victim of a sexual assault? Yes \_\_\_ No \_\_\_

Is there a person close to you who has been neglected or abused? Yes \_\_\_ No \_\_\_

**CRIMINAL RECORD AND CHILD PROTECTIVE SERVICE CLEARANCE**

**The information requested in this section is essential to conduct the record check, and is required in order to be accepted into the volunteer program. If you choose to withhold this information, you will be ineligible to volunteer. As a volunteer you are obligated to report changes in your ability to drive and/or the loss of vehicle insurance coverage.**

*NOTE: If you have been arrested or convicted of a crime against a child, you CANNOT volunteer at CARE House*

Have you ever been accused of abusing or neglecting a child? Yes \_\_\_ No \_\_\_

If yes, are you on the Central Registry as a result? Yes \_\_\_ No \_\_\_

Have you ever been arrested or convicted of a law violation other than a minor traffic offense? Yes \_\_\_ No \_\_\_

If yes, what was the offense(s)? \_\_\_\_\_

Date(s) Convicted: \_\_\_\_\_

End of probation, parole or court jurisdiction: \_\_\_\_\_

Please list any additional information you feel would be helpful in assessing your application.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent [if applicant is under 18 years of age]

\_\_\_\_\_  
Date

Complete attached Personal Reference, Release Information, Criminal Background Check, and Confidentiality Form, and return with application.



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## REFERENCES

*Please list three personal references. One reference should be a co-worker, if employed. One reference can be a relative. (Other examples: minister, teacher, therapist, etc.) References will be contacted.*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Email \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Email \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Email \_\_\_\_\_

### Permission to Conduct Record Check

I hereby give my permission for CARE House of Oakland County to conduct a criminal record check, and/or a Department of Transportation check to obtain information for the purpose of assessing my qualifications.

### Acknowledgment

I declare that all of the preceding information is true and correct to the best of my knowledge. I 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 a volunteer at the CARE House is an at-will position.

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

\_\_\_\_\_  
Parent Signature [if applicant is under age 18] Date

**NOTE:** Attach any additional information you want to submit.



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## STAFF CRIMINAL/DHS BACKGROUND CHECK

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

Date: \_\_\_\_\_  
First, Middle, and Last Name: \_\_\_\_\_  
Previous Name(s) if applicable: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex listed on state identification: Female \_\_\_ Male \_\_\_  
Email Address: \_\_\_\_\_

I understand that, in order to be employed at CARE House, I must successfully complete with signature, a Criminal Background Check, Protective Services Central Registry Clearance, along with checking suitability for working with minors. I further understand that failure to sign the Background Check form and/or failure to successfully pass the Criminal Background Check, Central Registry Clearance, and suitability to work with minors, will prevent me from employment.

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 my signed form will be given to me for my reference.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CARE House of Oakland County Code of Conduct for Staff, Interns, Volunteers, and Multidisciplinary Team Partners

The CARE House of Oakland County Code of Conduct for Staff, Interns, Volunteers, and Multidisciplinary Team (MDT) Partners includes explicit behavior expectations for staff, interns, volunteers, and MDT partners working with the CAC. These personal and professional expectations are relevant to both our work directly with children and families, as well as within the larger MDT response.

As part of CARE House of Oakland County's MDT, it is imperative that you agree to the following statements:

- 1. Child safety and well-being are our primary priority:** We value child safety and well-being above other considerations. Child safety and well-being guide our policy and practice decision-making. This value is central to the CAC and MDT model and to the work we do every day.
- 2. Conduct all personal and professional activities with honesty, integrity, respect, fairness, and in good faith.**
- 3. All information regarding children and families involved in investigations and related services are confidential.** (Some exceptions may exist, which will be identified by program directors)
- 4. Comply with all laws and regulations in the jurisdiction within which the member is located or conducts activities on behalf of the organization;**
- 5. Staff, Interns, Volunteers, and MDT partners approach this work through a lens that appreciates and encourages diversity, respect, and teamwork:** We believe that all people, regardless of their identities or background, deserve to feel treated with respect and human dignity. As members of a collaborative team, we strive to work together to support children and families and address child abuse and neglect. It is our goal to ensure that anyone who comes to the CAC feels welcomed, respected, and heard.
- 6. Contact not related to CAC service provision between a staff member and a child/client is prohibited:** We maintain professional boundaries with all children, caregivers, and family members at the CAC. All contact between staff and program participants is related to the investigation or services, resources, and/or referrals that are relevant to their participation in the programs of the MDT.
- 7. Avoid Conflicts of Interests:** A conflicting interest may be defined as an interest, direct or indirect, with any person(s), or organization, involved at the CAC, not excluding personal or professional interest. It is the expectation that all conflicts of interest are avoided or reported.
- 8. Physical contact between a child/client and staff, interns, volunteers, and/or MDT partners must be consistent with the safety and well-being of the child:** We respect the boundaries and autonomy of all people who come to CARE House of Oakland County, especially children. Services are provided in a way that emphasizes the physical and psychological safety of



40 YEARS OF HELPING CHILDREN.

# CARE HOUSE OF OAKLAND COUNTY

children. All services are centered around the child’s needs and empower the child to make choices and provide input throughout service-delivery. No service is provided without the assent of the child.

9. **Staff, intern, volunteer, and MDT partner interactions with child clients should be interruptible and/or observable:** All services at CARE House of Oakland County are provided with observation and/or supervision of children and families within sight or hearing distance by CAC staff, interns, volunteers, and/or MDT partners at all times. Children and families are provided private and confidential spaces to meet with staff, interns, volunteers, and/or MDT partners as necessary and/or as requested by the child or family.

10. **It is the duty of staff to report suspected child abuse:** All CARE House of Oakland County staff, interns, volunteers, and MDT partners are mandated reporters in the state of Michigan under the Child Protection Law (1975 PA 238, MCL 722.621 et. seq.). This law requires the reporting of *suspected or confirmed* child abuse and neglect by mandated reporters. Mandated reporters must make an immediate oral report to Michigan Department of Health and Human Services (MDHHS) Centralized Intake (855-444-3911) followed by a written report within 72 hours OR reports can be accepted online through the MDHHS Michigan Online Reporting System ([www.michigan.gov/mandatedreporter](http://www.michigan.gov/mandatedreporter)). In addition, CARE House of Oakland County staff, interns, and/or volunteers should follow program procedures regarding the documentation and additional reporting of any report to MDHHS Centralized Intake/Michigan Online Reporting System.

In the event that you believe that there has been a violation to any of the above statements, you must report this violation to the CARE House of Oakland County Human Resources Manager, or their designee.

Thank you for participating in CARE House of Oakland County as a team member or as part of the multidisciplinary team response! By signing below, you agree to follow this Code of Conduct while delivering services and/or conducting your investigation on behalf of children and families.

Staff/Intern/Volunteer Name and Role (printed): \_\_\_\_\_

Staff/Intern/Volunteer Signature and Date: \_\_\_\_\_

Upon completion, please return this signed document to your supervisor.





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## RELEASE OF INFORMATION

(This form is intended for the protection of the children we serve.)

I authorize the CARE House of Oakland County 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 CARE House.

I understand that, if I am accepted as a CARE House 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, sex, 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 and Protective Services Central Registry Clearance. I further understand that failure to sign the Background Check Form, and/or failure to successfully pass the Criminal Background Check and Central Registry Clearance will prevent me from filling a volunteer position.

I give CARE House 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 handle stress

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 my signed form will be given to me for my reference.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 11-22a)

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

Check Appropriate Box

Employer

Volunteer Agency

Adoption/Foster Care Home Screening

Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Child Caring Institution

Other

Name of Agency or Organization <b>CARE House of Oakland County</b>	Name of Requester <b>Claire Bair</b>		
Address <b>44765 Woodward Avenue</b>	City <b>Pontiac</b>	State <b>MI</b>	Zip Code <b>48341</b>
Email <b>cbair@carehouse.org</b>	Fax	Phone Number <b>947-232-7844</b>	

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 will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.