



**FAMILY COUNSELING AND CHILDREN'S SERVICES  
CATHERINE COBB DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAM  
VOLUNTEER APPLICATION**

Name: \_\_\_\_\_

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

City, State: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Summer Address  
(College Students): \_\_\_\_\_

Driver's License: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

How did you hear about volunteering?: \_\_\_\_\_

\_\_\_\_\_

Are you willing to participate in on-going Volunteer development?      Yes/No

Please list previous experience as a volunteer or employee in the Human Services area:

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Please list previous experience as a helping person:

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Please list your strengths and weaknesses in assisting a person in need:

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Have you ever had any experience assisting a person in crisis, or in an abusive situation? If so, what was your role?

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Any other information that you would like to tell us about yourself is welcome!

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**FAMILY COUNSELING AND CHILDREN'S SERVICES**  
**CATHERINE COBB DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAM**  
VOLUNTEER INTERESTS AND AVAILABILITY

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Name \_\_\_\_\_ Phone \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Main areas of interest:**

- |  |   |
|--|---|
| <input type="checkbox"/> Shelter Support (general duties)    | <input type="checkbox"/> One-on-one parent mentoring  |
| <input type="checkbox"/> Helping with physical maintenance   | <input type="checkbox"/> Teaching skills (computers, cooking, resume writing, etc.) Please Specify: |
| <input type="checkbox"/> Interacting with clients (women)    | _____   |
| <input type="checkbox"/> Interacting with clients (children) |   |
| <input type="checkbox"/> First Response Team                 |   |

**Availability:**

Number of hours \_\_\_\_\_ per month

Days Available:     Mon    Tue    Wed    Thurs    Fri    Sat    Sun

Time of day:         Morning         Afternoon         Evening

**Additional comments:**

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\*\*Please return this form at your earliest convenience to 220 N. Main Street Adrian, Michigan 49221. If there are any questions or concerns you can contact any staff person at (517) 265-6776. Thank you for your interest in volunteering!\*\*



SUMMARY OF CONFIDENTIALITY POLICY  
FOR VOLUNTEERS AND VISITORS

It is the policy of the Catherine Cobb Domestic Violence and Sexual Assault Program (CCDVSAP) to hold confidential all communications, observations, and information made by, between or about client.

Records and information covered by the volunteer and visitor confidentiality regulations include:

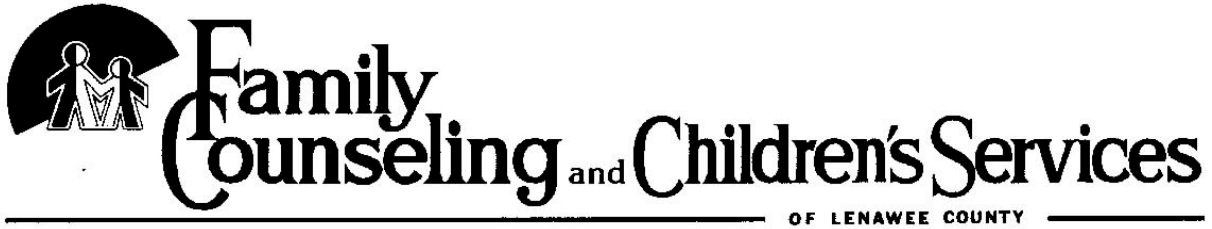
1. Client Identity
2. Prognostic
3. Diagnostic
4. Treatment
5. Client Status information
6. Physical Whereabouts

I understand by signing this form that I agree to keep all information about clients, volunteers and staff, including names and shelter location, strictly confidential while performing any tasks here at the shelter location. Violation of this policy will be considered grounds for terminating services and relationship with CCDVSAP and may have legal penalties.

\_\_\_\_\_  
Volunteer/Visitor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name



## CRIMINAL HISTORY CHECK

As an employee/volunteer of Family Counseling and Children's Services of Lenawee County, I understand that it is the agency's policy to secure conviction criminal history information as part of their employment screening process using the information provided below.

Name: \_\_\_\_\_  
Last First Middle

Maiden Name/Names Previously Used: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize Family Counseling and Children's Services of Lenawee County to utilize the above information for the sole purpose of obtaining a conviction criminal history file search.

\_\_\_\_\_  
Employee/Volunteer Signature

\_\_\_\_\_  
Date



## CRIMINAL OFFENSE DECLARATION MEMO

Have you ever been convicted of any criminal offense, other than minor traffic violations?  
Please check one.

YES

NO

If yes, please explain:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CENTRAL REGISTRY CLEARANCE REQUEST**  
Michigan Department of Human Services

**COPY PHOTO ID HERE AND RETAIN A COPY  
FOR YOUR RECORDS**

**OR ATTACH A CLEAR COPY OF YOUR ID  
ON A SEPARATE PAGE**

**INSTRUCTIONS:**

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of **your local county DHS, access [www.michigan.gov/dhs](http://www.michigan.gov/dhs)->Inside DHS.**
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

**SECTION 1  
INFORMATION ON PERSON BEING CLEARED**

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

**SECTION 2  
REQUESTOR INFORMATION**

**Please Check Appropriate Box**

<input type="checkbox"/> Child Welfare Agency	<input type="checkbox"/> I would like to pick up my results in _____ county	<input type="checkbox"/> Employer
<input type="checkbox"/> Individual	<input type="checkbox"/> Law-Enforcement/Dept of Corrections	<input checked="" type="checkbox"/> Volunteer Agency
<input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI	<input type="checkbox"/> Out-of-State Adoption and Foster Home Screening	<input type="checkbox"/> Other _____

Name of Employer/Volunteer Agency/Individual <b>Family Counseling and Children's Services</b>		Name of CPS/Law-Enforcement or Court	
Name <b>Laura Shultz Pipis</b>		Title <b>Executive Director</b>	
Address <b>220 N. Main</b>		City <b>Adrian</b>	State <b>MI</b>
Phone <b>517-265-5352</b>	Fax <b>517-263-6090</b>	E-mail <b>laura.pipis@fccsoflenawee.org</b>	Zip Code <b>49221</b>
Date			

**Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.**

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

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.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.