



VOLUNTEER APPLICATION FOR SECOND CHANCE RESALE STORE

Date _____

Name _____ DOB _____

What do you preferred to be called? _____

Address _____ City _____ State _____ Zip _____

Email _____

Phone _____

Emergency Contact _____ Phone _____

VOLUNTEERING INFORMATION

Do you have past volunteer experience?

Why did you choose Second Chance as the place to share your volunteer time?

Availability:

Date	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Time							

Do you have any special hobbies, interests or skills?



INFORMATION ABOUT YOU

Employment Information – are you working now and if so where?

Education

References

Please provide three references with their names, phone number and email address.

1. _____
2. _____
3. _____

Please return this application, the Confidentiality Policy, Release of Liability, Background Check Authorization and the State Background form WITH a copy of your driver's license to:

Cyndy Vogt
OASIS FAMILY RESOURCE CENTER
118 S. Mitchell Street
Cadillac, MI 49601
231-775-7299



CONFIDENTIALITY POLICY

This policy of confidentiality pertains to all staff and volunteers of Oasis Family Resource Center.

A consumer is any individual who receives services from agency staff or volunteers regarding domestic or sexual abuse or parenting programs.

1. All contact with consumers is considered confidential.
2. The counseling relationship and information obtained therein will remain confidential. Consumer information may only be shared with a signed release of information.
3. All written material and/or summaries of consumer contact must be maintained in the Oasis Family Resource Center office in a locked file cabinet.
4. This policy of confidentiality must be shared with all consumers upon intake.
5. Staff or volunteers personal phone numbers, last names or home addresses are not to be given out to consumers.
6. A signed release of information must be on file before any consumer information can be shared with another agency.

THIS POLICY OF CONFIDENTIALITY IS TO BE MAINTAINED AT ALL TIMES. VIOLATION OF ANY PART OF THIS POLICY MAY LEAD TO SUSPENSION OR TERMINATION OR EMPLOYMENT OR VOLUNTEER PARTICIPATION.

I hereby understand and agree to abide by this Policy of Confidentiality.

Signed _____ Date _____

Printed Name _____

Serves are available without regard to race, creed, color, religion, sex, national origin, handicap, sexual orientation, parental status, age, political affiliation or income level.



VOLUNTEER RELEASE OF LIABILITY

I, _____, my heirs, executors, administrators and assigns, do hereby release and forever discharge Oasis Family Resource Center, Second Chance Resale Store; its heirs, executors, administrators and assigns, of and from any and all actions, causes of actions, suits, damages, judgements, executions and demands for, upon or by reason of any damage, loss, personal injury, property damage, claims and demands whatsoever, in law or equity or otherwise, which heretofore has been or which hereafter may be sustained by me, my heirs, executors, administrations or assigns as consequence of volunteering my time and/or services to or at Oasis Family Resource Center, Second Chance Resale Store or shelter in any capacity whatsoever or at any location associated therewith.

**I HAVE READ THE FOREGOING RELEASE OF LIABILITY,
FULLY UNDERSTAND IT AND
FREELY AND VOLUNTARILY EXECUTE SAME.**

Signed _____ Date _____

Printed Name _____

Witness _____ Date _____



BACKGROUND CHECK AUTHORIZATION

Please provide all information requested.

Please print clearly.

Last Name _____

First Name _____ Middle Initial _____

Which of the following most accurately describes you?

- Female Male Non Binary Prefer not to say

Previous/Maiden Last Name _____

I hereby authorize and consent to a background check that includes, but is not limited to, my credit worthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, DMB records, any public records or information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics or trustworthiness as condition of consideration for employment, continued employment or volunteer work with Oasis Family Resource Center.

Signed _____ Date _____

Printed Name _____

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		

I am completing this for myself. I would like to pick up my results in _____ County (For Michigan Residents Only).

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization OASIS/Family Resource Center	Name of Requester Amber Herlein		
Address 118 S Mitchell St	City Cadillac	State MI	Zip Code 49601
Email amber.herlein@cadillacoasis-frc.org	Fax 231-775-4074	Phone Number 231-775-7299	

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.