

Contact Information						
Full name:						
Phone number:				E-mail:		
Address:			City/State/ZIP:			
Birth date: (MM/DD/YY)			How did you learn about us?			
Emergency Contact		Name:			Phone:	
Availability (Check ALL that apply)						
Days:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday*
Times:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Other:		
Frequency:	<input type="checkbox"/> One time only	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other		
Do you have a mode of transportation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally		
Interests and Skills						
Current occupation:						
Highest level of education:						
Hobbies/Skills/Interests:						
Previous volunteer experience:						
Is there a group you are particularly interested in working with? (Check all that apply)						
<input type="checkbox"/> Children		<input type="checkbox"/> Teens	<input type="checkbox"/> Adults	<input type="checkbox"/> Agency Staff	<input type="checkbox"/> No Preference	
What type of volunteer services interest you?						
Head Start Volunteers ONLY						
Are you a Head Start parent?		Y / N	* Have you had a TB test in the last 6 months? (please provide a copy/if not, you will need to get one)		Y / N	
Applicant's Authorization and Signature						
I hereby authorize The Guidance Center to conduct any necessary and reasonable investigation with respect to my application for a volunteer position. I understand that this information will be kept confidential and not released to any persons or organizations without my authorization. I understand that the above information is complete and true. I understand that the agency is not obligated to assign me or continue my assignment if, in its professional judgment, it would not be in the best interests of me or agency clients. I also release The Guidance Center from any liability in the event I harm myself during the course of volunteering.						
Applicant's Signature:				Date:		

BACKGROUND CHECK AUTHORIZATION

I hereby authorize The Guidance Center to conduct any necessary and reasonable investigation with respect to my application for a volunteer position. By signing this consent I also agree to provide identification (Driver's License or State ID) to be copied and kept in my personnel file. I understand that this information will be kept strictly confidential and not released to any persons or organizations without my explicit authorization.

Name:

Last

First

Middle

Jr., III, etc.

Also Known As, Aliases, Maiden Name, Previous Name(s)

Date of Birth

Sex

Race

Street Address

(Apt. No.)

City

State

Zip

Country

How long at above address? _____ If less than two years, list previous addresses for last two years:

Street Address

(Apt. No.)

City

State

Zip

County

Street Address

(Apt. No.)

City

State

Zip

County

How long have you lived in Michigan?

If you ever lived in another state, please supply the state(s) and year(s)

I certify that the information I have given on this form is, to the best of my ability, complete and true.

Applicant's Signature

Date

RECORD SELF CERTIFICATION

This form is to be used by all members, and Head Start volunteers specifically, in order to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31 (c) and (d) as well as the State of Michigan Public Act 116, of 1973, as amended Sec. 5.(1) regarding "good moral character."

Name:

Last

First

Middle Initial

Other Names used:

Birth date:

Race: __Black __White __Asian Pacific __American Indian __Alaskan Native __Other_____

Certain federal policies require all prospective volunteers to sign a declaration prior to service that lists:

1. All pending and prior criminal arrests and charges related to child sexual abuse and their disposition:
2. Convictions related to other forms of child abuse and /or neglect
3. All convictions of violent felonies.

To comply with Act 116, of 1973, as amended all convictions more serious than a minor traffic offense must be declared. The declarations with the conditions below *may be excluded*:

1. Any offense other than an offense related to child abuse and / or child sexual abuse or violent felonies committed before the prospective volunteer's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law.
2. Any conviction for which the record has been expunged under Federal or State law; and
3. Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. The agency must review each case to assess the relevance of arrest, charge or conviction to a hiring decision. Please provide your signature in the appropriate category listed below:

I HAVE NOT been arrested, charged and/or convicted for anything more serious than a minor traffic offense.

Applicant's Signature

Date

I HAVE been arrested, charged and/or convicted for something more serious than a minor traffic offense.

Applicant's Signature

Date

I do understand that the State of Michigan LEIN network and/or other authorized network will be utilized to verify my statement. I also understand that information contrary to my statement, which may be discovered during the course of this verification or at any other time during the course of my services, may result in termination. This agency will take the necessary steps to assure confidentiality of this form.



CODE OF ETHICAL BEHAVIOR AND INTEGRITY AGREEMENT

VOLUNTEER POLICY:

All individuals volunteering at The Guidance Center who are under the umbrella of a regulatory or licensing body shall abide by the Code/Principles of Ethics of that organization/profession. In addition, all volunteers agree that a body of principles, which provides a framework for decision making, is an integral part of the organization. It is also important to ensure that ethical behavior and integrity permeate all business and financial dealings of the organization.

VOLUNTEER CODE/PRINCIPLES OF ETHICS

1. Place the welfare and safety of clients and their families in matters affecting them above other concerns.
2. Not deliberately do harm to a client, either physically, or psychologically; will not verbally assault, ridicule, attempt to subjugate or endanger a client, nor allow other clients or staff to do so.
3. Urge changes in the lives of clients only in the interest of promoting recovery from the illness the program is charged to treat.
4. Remain aware of personal skills and limitations. Be willing to recognize when it is in the best interest of clients to be released or refer them to another program or individual.
5. Not engage in any activity that could be construed as exploitation of patients for personal gain, be it sexual, financial, or social.
6. The Guidance Center defends both the spirit and the letter of the policy on recipient rights and responsibilities, and respects the rights and views of other professionals, employees and volunteers.
7. Exhibit responsible concern for the well-being of professionals and peers by not ignoring manifestations of unethical conduct in colleagues.
8. No employee should derive any material personal benefits from having transacted business of behalf of The Guidance Center, other than those conferred upon them directly by the agency.
9. Accept responsibility for continuing education and professional/employee/volunteer development as part of the clinic's commitment to providing quality client care.
10. The volunteer shall treat as confidential and privileged information any clinical data and information related to client care in accordance with policies outline in Recipient Rights and Medical Record chapters.
11. The volunteer shall not disclose or use information relating to the agency's business for the personal profit or advantage of the individual or her/his immediate family.
12. The volunteer shall respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability.
13. The staff shall never leave a child alone with a volunteer.

I have read and understand the policy above and agree to abide by this standard of ethical behavior.

Applicant's Signature

Date



VOLUNTEER CONFIDENTIALITY AGREEMENT

Applicant's Name: (Please Print) _____

I understand that in the normal course of business, I may be exposed to, have access to, or be asked to physically handle material either written or verbal that is highly confidential in nature. I agree to keep all such information completely confidential. I further understand that if I breach this confidentiality in any way, I will be responsible for any financial burden that may be imposed by a complaint including but not limited to legal expenses.

I will not at any time during or after my time as a volunteer, directly or indirectly, use or disclose to any unauthorized person without the prior written permission of The Guidance Center that includes confidential information which I acquire respecting any of The Guidance Center's activities, services or clients. If I have any doubt as to whether any information should be disclosed I will request clarification from the Director of Human Resources or the CEO.

Applicant's Signature

Date

Please return the volunteer application packet to:

The Guidance Center Volunteer Program
13101 Allen Road, Southgate, MI 48195

volunteers@guidance-center.org
734-785-7705 x7152
Fax: 734-287-1137

***i am*** A VOLUNTEER
THE GUIDANCE CENTER

Personnel Use Only: ICHAT ___ OTIS ___ USDJ ___ PSOR ___ DHS Clearance ___ *TB Test/Physical ___

*Head Start