



Chelsea Senior Center Volunteer Application

Thank you for your friendship in support of area seniors! Your in-kind donation of time and talent is invaluable. Be assured that all information collected is kept confidential. Know that your emergency contact may be notified in an emergency. Please complete all sections and sign.

I am a current member of CSC. *If yes, skip to SECTION 2* unless the contact information has changed.

SECTION 1. Please complete all fields.

Today's Date _____

Date of Birth _____ Gender _____

Last Name First Middle

Address

City State ZIP Township

Number of years at this address Previous name(s)

Phone Cell phone It's okay to text me

Email address It's okay to email me Preferred contact method

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Cell: _____

SECTION 2. Two Personal References (required by program funders)

1. Name: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

2. Name: _____

Phone: _____ Email: _____

Relationship: _____ How long known: _____

SECTION 3. Please select your volunteer interest(s).

I would like to volunteer my time supporting the following program(s):

- Senior Nutrition Program** (meal delivery using own vehicle* or food preparation)
- Transportation*** (Run short errands, delivery, pickup)
*DRIVERS * We need a copy of your car insurance (required by program funders)
- Technology Support** (one-on-one assisting people with smartphones, laptops, tablets, desktop computers, etc.)
- Connecting with members** (new member welcome, friendly call check-ins, sunshine committee)
- Office Help** (front desk reception, data entry)
- Program lead** (share your passion and knowledge with others regularly, for example, stained glass)
- Travel Committee** (plan, support day and extended trips)
- Adult Day & Memory Programs** (assist staff, support individuals and groups with social companion care)
- Gardening** (work w/ Master Gardener to plan, plant, weed, harvest, teach, water, etc.)
- Intergenerational programs** (Work alongside other seniors and kids in the garden and other programs)
- Special** (assist with special events, fundraisers, marketing, publicity, etc.)
- Yard Work** (raking, light gardening, Fall and Spring yard clean up)

How do you hope to use your skills and wisdom in your volunteer role? _____

What will make your volunteer experience satisfying? _____

SECTION 4. As a volunteer, you will be privy to personal and private information. As such, all volunteers & staff are required by our program funders to pass a background screening every three years.

1. Central Registry Clearance Request, Michigan Department of Health & Human Services

- I've signed, dated, and provided my SS# on the Central Registry form herewith
- I've attached a copy (CSC can make a copy for you) of my driver's license (required)

2. Authorization for Background Check

I authorize CSC to obtain information pertaining to any charges and/or convictions I may have had for Federal or State Criminal Law convictions. This information will include but not be limited to allegations and convictions for crimes committed on minors and the elderly and will be gathered from any law enforcement agency of this state or any state or federal government to the extent permitted by state or federal law. The information collected here will be used for this purpose.

Signature: _____

Date: _____



Please return to the Chelsea Senior Center at 512 Washington St., Chelsea, MI 48118. For more information, call 734.475.9242.

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		
<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

Please Check Appropriate Box			
<input type="checkbox"/> Employer	<input checked="" 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 Chelsea Senior Center			
Name of Requester Jan Scarbrough			
Address 512 Washington Street	City Chelsea	State MI	Zip Code 48118
Email jscarbrough@chelseaseniors.org	Fax 734-562-2164	Phone Number 734-475-9242	

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.