



## Council for the Prevention of Child Abuse and Neglect

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*Parent Company of Child and Parent Center*

606 Greenwood Place, Jackson, Michigan 49203 • (517) 788-4239 • fax (517) 788-4685  
[www.cpcanjackson.org](http://www.cpcanjackson.org)

Dear Prospective Volunteer,

Thank you for your interest in becoming a *CPCAN* volunteer. The Council's "mission is to educate and strengthen our community to reduce child abuse and neglect". We do this in a variety of ways, through parenting classes, agency collaborations, trainings for professionals and community outreach events, just to name a few.

*CPCAN's* volunteer application process is required for the safety of the families and youth in our programs. This process is required of all those interested in volunteering with the Council for Prevention of Child Abuse and Neglect. The application process includes the following:

1. Complete and return the Volunteer Application form, Criminal History Authorization form, and the Central Registry Clearance form (must be turned into DHHS in your county).
2. Please provide two references in the designated space on the Application form.
3. Upon receiving your Volunteer Application form and Criminal History Authorization form, *CPCAN* will conduct a confidential criminal background check and review your application and references.
4. If your application is approved, you will be invited to attend a meeting with the Volunteer Coordinator. During this meeting, you will be interviewed, receive an orientation to *CPCAN*, sign the Code of Conduct form and the Confidentiality Agreement form. You will then become a registered *CPCAN* volunteer!

We thank you for your interest in volunteering with the *Council for Prevention of Child Abuse and Neglect*. Your service with our organization has the potential to make a great impact on our community. We believe that all children deserve to grow up in loving, caring, peaceful homes and with your help we can make this possible for the children of Jackson.

Thank You,

**Patrick S. Grubba**  
Development Director

Council for the Prevention of Child Abuse and Neglect  
606 Greenwood Place  
Jackson, MI 49203

[517-788-4239](tel:517-788-4239) ext. 11  
[517-788-4685](tel:517-788-4685) fax  
<http://www.cpcanjackson.org>





**Return the Completed Application to:**  
Council for Prevention of Child Abuse and Neglect  
606 Greenwood Pl. Jackson, MI 49203  
Phone: (517)788-4239 Fax: (517) 788-4685  
pgrubba@cpcan-jackson.org

## VOLUNTEER APPLICATION

Date of Application \_\_\_\_\_

### CONTACT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### EMPLOYMENT

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### EDUCATION

High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years completed \_\_\_\_\_

College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years completed \_\_\_\_\_

Field of Study \_\_\_\_\_

### EMERGENCY INFORMATION

Is it necessary for you to limit your physical activity in any way? No \_\_\_ Yes \_\_\_

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

#### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please complete reverse side

**VOLUNTEER INTEREST**

How did you hear about CPCAN's Volunteer opportunities? \_\_\_\_\_  
\_\_\_\_\_

Check the volunteer activities that you are interested in:

- \_\_\_\_\_ Clerical (data entry, photocopying, word processing, filing bulk mailing, special projects)
- \_\_\_\_\_ Council Representative (distribute pamphlets, brochures and other educational materials at fairs and outreach events)
- \_\_\_\_\_ Maintenance (lawn mowing, weed whacking, shoveling in the winter, yard work, minor building repairs, etc.)
- \_\_\_\_\_ Fundraising (making calls to donors, helping with events, speaker on behalf of the agency, seek support and donations)
- \_\_\_\_\_ Child Care (temporary care of children ages 0-12yrs in a child care setting while parents attend classes on site)
- \_\_\_\_\_ Prison Outreach (attend events at the prison, present to groups and one on one with inmates working towards release)
- \_\_\_\_\_ Research (work from our office or your home, research information for CPCAN to use at events and in programs)
- \_\_\_\_\_ Marketing (skills in advertising, media blasts and campaign ads to help CPCAN increase programming and events)
- \_\_\_\_\_ General Volunteer (want to help, not sure how? Let us work with you to find a good fit at CPCAN)
- \_\_\_\_\_ Student Internship

Volunteer availability:

Days available: \_\_\_\_\_  
 Hours available: \_\_\_\_\_  
 How many days a week? \_\_\_\_\_  
 How many hours a week? \_\_\_\_\_  
 Additional availability information: \_\_\_\_\_

**SKILLS**

**Computer Skills**

\_\_\_\_\_ Microsoft Word      \_\_\_\_\_ Microsoft Office      \_\_\_\_\_ Microsoft PowerPoint      \_\_\_\_\_ Internet

**Office Skills**

\_\_\_\_\_ Phone Systems      \_\_\_\_\_ Office equipment      \_\_\_\_\_ Bulk mailing      \_\_\_\_\_ Organizing/Filing      \_\_\_\_\_ Data entry

**Communication Skills**

\_\_\_\_\_ Public Speaking      \_\_\_\_\_ Writing/editing      \_\_\_\_\_ Teaching/training

**Advanced Skills**

\_\_\_\_\_ Fundraising      \_\_\_\_\_ Grant writing      \_\_\_\_\_ Web publishing      \_\_\_\_\_ Adobe InDesign      \_\_\_\_\_ Adobe Photoshop

Foreign Languages: \_\_\_\_\_

Other Skills: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to volunteer with CPCAN? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT**

List your previous employers, position titles and years of employment.

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**REFERENCES**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
(Personal)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
(Professional)

**BECAUSE OF THE SENSITIVE NATURE OF OUR WORK, WE REQUEST THE FOLLOWING INFORMATION**

Have you ever been convicted of anything other than a minor traffic violation? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Have you ever had any felony charges pending against you? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Have you ever had a personal protection order against you? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Have you ever been involved in the abuse or neglect of a child or adult? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Have you ever been involved with a Protective Service Agency? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

List all addresses from the past seven years.

Address	City/State/Zip	Dates

We are requesting EEO information on a voluntary basis. We are striving to recruit a diverse pool of volunteers that reflects the children and families we serve. The information collected is confidential.

\_\_\_\_\_ African American    \_\_\_\_\_ Asian    \_\_\_\_\_ Caucasian    \_\_\_\_\_ Hispanic    \_\_\_\_\_ Native American    \_\_\_\_\_ Multit-Cultral

I certify that the information given in this application is correct to the best of my knowledge, and permission is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this application may result in my dismissal.

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

Please complete the Background Check Authorization and return with your application.

Also please complete the REQUEST FOR CENTRAL REGISTRY CLEARANCE and turn it in to your local DHS office with a copy of your drivers license. Return the Completed Application to:



## BACKGROUND CHECK AUTHORIZATION

**Please provide a copy of your drivers license.**

I, \_\_\_\_\_ HEREBY AUTHORIZE the Council for Prevention of Child Abuse and Neglect to obtain information pertaining to any driving records as well as past/current educational information and/or any charges or convictions I may have had for federal and state criminal law violations. This information will include but not be limited to allegations and convictions of crimes committed upon minors and gathered by the State Police Central Records Division in specific states, the Child Abuse Central Registry and from various agencies to the extent permitted by state and federal law.

I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of CPCAN program. I further hereby hold harmless CPCAN and/or it's representatives from any actions which may be taken upon receipt of this information.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

(PLEASE PRINT)

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

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

Maiden Name/Alias: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Race \_\_\_\_\_ Gender \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE.**