



Council for the Prevention of Child Abuse and Neglect

Parent Company of Child and Parent Center

606 Greenwood Place, Jackson, Michigan 49203 • (517) 788-4239 • fax (517) 788-4685
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@cpcanjackson.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.

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 ____ Multicultural

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.

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

Check Appropriate Box <input 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	Name of Requester		
Address	City	State	Zip Code
Email	Fax	Phone Number	

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.

Michigan Department of Health and Human Services (MDHHS)
Instructions for filling out the DHS-1929 form

Michigan residents requesting clearance on themselves (You must possess a Michigan identification)

Complete section one and sign the form in the box provided. Include a copy of your Michigan picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your DHS-1929 form with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

Michigan agencies, schools, preschool, daycare providers, employers and volunteer agencies

The person being cleared completes section one, signs the form and adds a copy of their picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit the DHS-1929 with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

Individuals outside of Michigan

For out of state Individuals requesting clearance on themselves, complete section one and sign the form. Include a copy of your state picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your request to: Michigan Department of Health and Human Services fax 517-763-0280. If you have questions on outstate CR please contact 517-373-6028.

Agencies, schools, preschool, daycare providers, employers and volunteer agencies outside of Michigan

For out of state agencies, the person being cleared completes section one, signs the form and adds a copy of their state picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit your request to: Michigan Department of Health and Human Services fax 517-763-0280. If you have questions on outstate CR please contact 517-373-6028.

Out-of-State Adoption and Foster Home Screening

Please access our website at www.michigan.gov/MDHHS and follow the instructions for submitting an outstate request for adoption and foster home screening.

Michigan Camp Volunteers and Employees (All Types)

Please contact the Department of Licensing and Regulatory Affairs, Bureau of Community Health Systems at 866-685-0006 or www.michigan.gov/lara
Submit completed form BCHS-camp 001 (Rev 1-16) to the address on the form.

All other entities including outstate government agencies requesting information, please access our website at www.michigan.gov/MDHHS follow the links to child abuse and neglect or call 517-373-6028.

If a person is listed on central registry the results will only be sent to the individual at the address on their photo identification.