

S.A.F.E. PLACE
VOLUNTEER APPLICATION FORM



Date ____ / ____ / ____

Name _____

Telephone (H) _____
(C) _____

Address _____

Email _____

Birth: Month ____ Day ____

Occupation _____

Best time(s) & day(s) to be reached? _____

How did you hear about S.A.F.E. Place? (This helps us in recruitment efforts)

Have you had any previous contact with this agency? If yes, please explain and give dates: _____

Education/Special training: _____

Please describe any experience you have had working with people in crisis situations:

Please describe any special skills you would be willing to contribute to S.A.F.E. Place:

Please check (✓ or X) areas of most interest: ____ Crisis Phones
____ Children's Program ____ Office ____ Transportation ____ Maintenance
____ On-Call ____ Marketing ____ Outreach ____ Trainer ____ Donations
____ Fundraising ____ Other: _____

Days and times available to volunteer: _____

If you are volunteering as part of student placement, or in connection with any other programs, please describe your program requirements relating to hours and time frame:

A Comprehensive
Domestic Violence Program
Established 1983

P.O. Box 199
Battle Creek, MI 49016-0199

P 269.965.6093
F 269.966.2503

24 Hour HOTLINE
269.965.SAFE (7233)
Toll Free 1.888.664.9832

www.safeplaceshelter.org



Equal Opportunity Employer
A United Way Community Partner

List 3 or more expectations or ideas you have about working at S.A.F.E Place and/or the training program:

Please list two (2) references (not relatives) that can comment on your ability to work with people in crisis and abusive situations or list references that can comment on your ability to work with people in general:

Name _____ Relationship _____
Address _____
Telephone # _____

Name _____ Relationship _____
Address _____
Telephone # _____

List a work reference (if no work reference, use another personal reference) and *Attach Resume*:

Name of person to contact in case of emergency:

Name: _____
Telephone # _____
Relationship _____
Which hospital do you prefer? _____
Name of physician : _____

When becoming a volunteer for S.A.F.E. Place, I agree to:

- 1) Commit to initial training required for my specific role, and six (6) months of service, and;
- 2) Authorize S.A.F.E. Place to conduct a background check on me regarding information concerning my previous employment record, job performance, and character; and I release S.A.F.E. Place from any liability, thereof.

PLEASE CONSIDER THE ABOVE AGREEMENT BEFORE MAKING A DECISION TO VOLUNTEER FOR S.A.F.E. PLACE. IF YOU STILL WISH TO BECOME A VOLUNTEER, PLEASE SIGN BELOW.
THANK YOU.

Your signature

_____/_____/_____
Date

When completed, please mail this form to:

**S.A.F.E. PLACE
VOLUNTEER DEPT.
P.O. BOX 199
BATTLE CREEK, MI 49016-0199**

CONFIDENTIALITY AGREEMENT

A Comprehensive
Domestic Violence Program
Established 1983

I, _____, agree to keep
(PRINT NAME)
completely confidential any and all client information received
during the course of my work with S.A.F.E. Place and will not
release such information without proper authorization from the
client. I understand that my continued affiliation with S.A.F.E.
Place is contingent upon my following this rule.

VOLUNTEER OR NEW STAFF SIGNATURE

DATE

STAFF WITNESS SIGNATURE

DATE

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RELEASE OF LIABILITY FORM

I, _____ release
(PRINT NAME)
S.A.F.E. Place from any/all liability for injury, loss, or damage to
myself, while providing volunteer services for S.A.F.E. Place.

VOLUNTEER SIGNATURE

DATE

VOLUNTEER'S PARENT OR GUARDIAN SIGNATURE
(IF VOLUNTEER APPLICANT IS UNDER AGE 18)

DATE

WITNESS SIGNATURE (MUST BE STAFF)

DATE

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, the undersigned, understand it will be necessary for S.A.F.E. Place to investigate my background, which will include a criminal history check and a National Crime Information Data check for employees/volunteers who have not lived in the state of Michigan for each of the previous 10 years. I hereby give consent for this information exchange and authorize such agencies and persons to release any information requested by S.A.F.E. Place. I understand that the agencies and persons to be contacted will be the Michigan State Police, or any other City, County, State, or Federal law enforcement agency or court system deemed necessary by S.A.F.E. Place.

Name: _____
Last First Middle

Names Previously Used (if any):

Have you lived in Michigan for each of the previous ten (10) yrs? Yes No

Birth Date: ____ / ____ / ____ Race: _____

Driver's License #: _____

State of Licensure: _____

Signature

Date

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CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

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.

- INSTRUCTIONS:**
- All fields must be completed for processing.
 - All Children's Protective Services (CPS) workers, law-enforcement employees, court officials, and employers or volunteer agencies MUST provide either a copy of an agency badge OR a fax cover-sheet which includes agency letterhead.
 - For ALL employers, volunteer agencies, or individual central registry requests: an enlarged and clear copy of the employee's/volunteer picture identification MUST be attached.
 - Out-of-state requests:
 - In-state requests: Contact the local DHS office.

Michigan Department of Human Services
 Children's Protective Services Program Office
 P.O. Box 30037
 235 S. Grand Avenue, Suite 510
 Lansing, MI 48909
 Phone: 517-335-3704
 Fax: 517-241-7047

SECTION 1 NAMES CLEARED

NAME LAST, FIRST, MIDDLE	AKA (Also Known As) (Maiden Name)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	Employee/Volunteer/Individual SIGNATURE REQUIRED FOR EACH PERSON BEING CLEARED

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

Child Welfare Agency Employer
 Individual Volunteer Agency
 Law-Enforcement/Dept of Corrections Out-of-State Adoption and Foster Home Screening
 Prosecuting Attorney/Court (please provide docket number if available) Other

Name of Employer/Volunteer Agency/Individual		Name of CPS/Law-Enforcement or Court	
Name		Title	
Address		City	State
Phone	Fax	E-mail	Date

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

Individual request – will ONLY be sent to the address on the picture identification provided.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.