



Communities Overcoming Violent Encounters

Volunteer Application

Date: _____ Do you Need Verification of Volunteer Hours? Court Mandated Community Service?

This application asks personal questions. We ask questions to protect our liability and yours. All forms become the basis for a Personnel File and are treated as confidential material. Please feel free to call the director if you have any questions on the form or on your personal situation. This call is also confidential. Business Phone: (231) 843-2541

ALL Volunteers (Tiers 1,2 & 3) Please fill out contact information

Name _____ Primary Phone _____

E-mail Address _____

Address _____ City _____ State _____ Zip _____

Tiers 2 & 3 ONLY

Have you ever been convicted of a felony? (Please circle) YES NO

If yes, please explain: _____

Answering yes to question above will not necessarily disqualify you from volunteering.

How did you hear about COVE? _____

What position are you most interested in? _____

What days and times are you available? _____

Do you speak any languages other than English? _____

Have you received any services from COVE in the last 6 months? (Please circle) YES NO

List your specific skills & talents that may be useful. (Don't forget about life experience)

-----***This section is only completed if providing transportation for COVE***-----

Do you own a vehicle? YES NO

Is it insured? YES NO

Are there any restrictions on your driver's license? YES NO

If yes, please explain: _____

Have you ever had your license revoked? YES NO

If yes, please explain: _____

Driver's License # _____



Confidentiality Agreement: A Commitment from You

COVE observes strict confidentiality of identities and personal business of persons using our programs.

It is a breach of that confidentiality to TALK ABOUT or MENTION NAMES of ANYONE you see or hear about while working, volunteering or visiting our office or shelter.

It is important to realize that what happens at COVE, stays at COVE. ANY out of agency talk may jeopardize participant safety and privacy and could result in *legal action*.

By signing this form you are acknowledging that you will maintain confidentiality. If you do not understand any part of this form, please ask staff for clarification.

Signature

Date

Print Name

Witness

Date

Print Name



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TIER #2 &/or TIER #3

Background Check

Applicant Release of Information

Applicant: We ask that you sign this release form so that we may request information pertinent to your background.

Release: Having made application for employment, volunteering or contracting with COVE and desiring that they are informed as to my background and character, I hereby authorize COVE to investigate my past record. This information *can* consist of checking any job references, personal references, ICHAT Screening, DHHS Registry Clearance, Michigan Public Sex Offender Registry, National Sex Offender Registry.

Any volunteer/intern/board member who has not lived in Michigan the past 10 years, National Crime Information Data (NCID) Criminal Record check will be done also.

I release my present and past employers, references, and all persons whomsoever from any damage because of furnishing said information.

Last Name _____ **First Name** _____ **Middle Initial** _____

Race _____ **Sex** _____ **Date of Birth** _____

Signature _____

****If you are known by any other first or last name and/or have a maiden name, we would also need that information. This includes nicknames and previously married names:**

(Disclosing your race is requested ONLY to ensure accuracy in completing your background check and will not be used for any other purpose.)



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TIER #3

WELCOME!

Thank you for your interest in volunteering at COVE. We recognize the importance and value of your contribution. Please fill out the application completely, and return to Volunteer Coordinator @ COVE office. *Please also fill out "REQUEST FOR CENTRAL REGISTRY CLEARANCE" and drop it off at the Department of Human Services (DHS) in your county. DHS will need a photo ID when you drop off the application.*

If you have questions, please feel free to contact me.
Looking forward to working with you!

Volunteer Coordinator, COVE
(231) 843-2541 ext. 7
lklinger@callcove.com
FAX (231) 425 -4287

MASON COUNTY DHS
915 Diana St.
Ludington, MI 49431
FAX #231-843-1430

LAKE COUNTY DHS
5653 S. M-37
Baldwin, MI 49304
FAX# 231-745-2930

OCEANA COUNTY FAX
4081 W. Polk Road
Hart, MI 49420
FAX# 231-873-3803