



Communities Overcoming Violent Encounters

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 via email or in person to COVE. If you have questions, please feel free to contact me. We look forward to working with you!

*** NOTE — A copy of your drivers license for ID is needed, we would be happy to make a copy. If you return it by email, please make sure the copy is clear. 😊 ***

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2018 FUNDRAISING Event Volunteer Application

This application asks personal questions. We ask questions to protect our liability and yours. All forms 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

Date of application: ____ / ____ / 2018

Name _____ Primary phone _____

E-mail Address _____

Address _____ City _____ State _____ Zip _____

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

If yes, please explain: _____

Answering yes to questions above will not necessarily disqualify you from employment or volunteering

How did you hear about COVE? _____

What type of fundraising event 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)



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FUNDRAISING* Event Volunteer Background Check

Applicant Release of Information

We ask that you sign this release form so that we may request information pertinent to your background. Release: Having made application for volunteering with COVE for Fundraising Events and desiring that they are informed as to my background and character, I hereby authorize COVE to investigate my past record. This information will consist of checking the Michigan Sex Offender and Protective Services Registries and the Michigan State Police Records Bureau.

I release all persons whomsoever from any damage because of furnishing said information.

COVE's goal is to ensure the safety of clients and the financial security of funds received. As recipients of state and federal grants we are contractually bound to follow their policies and procedures. *Any volunteer working in the COVE office, shelter or at other events that would include working around children requires an additional background check through MDHS.

Last Name _____ First Name _____ Middle Initial _____

Signature _____

Race _____ Sex _____ Date of Birth _____
Full Date of Birth Required (Month, Day and Year)

**If you are known by any other first or last name and/or have a maiden name, we will 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.)

Volunteer Confidentiality: 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