



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 to Volunteer Coordinator @ COVE office. The last page of the volunteer packet is the "REQUEST FOR CENTRAL REGISTRY CLEARANCE". Please fill the information and take or fax it to the Department of Human Services (DHS) in your county.

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

*** NOTE—If faxing to DHS, also fax a copy of your drivers license for ID, we would be happy to make a copy & fax it for you 😊 ***

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

MASON COUNTY DHS FAX # 231-843-1430

**915 Diana St.
Ludington, MI 49431**

LAKE COUNTY DHS FAX # 231-745-2930

**5653 S. M-37
Baldwin, MI 49304**

OCEANA COUNTY FAX # 231-873-3803

**4081 W. Polk Road
Hart, MI 49420**



2017 Volunteer Application

Date: _____ Application for Volunteer _____ 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

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 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 # _____



New Employee/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 employment or volunteering 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 will consist of checking any and all job references, personal references, the Michigan Sex Offender and Protective Services Registries, and the Michigan State Police Records Bureau.

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 _____

Signature _____

Race _____ Sex _____ Date of Birth _____

**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