



Volunteer Application

A. APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Do you have a valid Michigan Driver's License? Yes No *Please submit a copy with your application.*

What are your areas of volunteer interest?

Mentoring Events Trainings Foster Parent Supports Clothing Closet Respite

Emergency Diaper / Clothing Drops Car Workshop Other _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

Are there any criminal charges pending against you? Yes No

If yes, please explain: _____

B. CONSENT FOR CRIMINAL HISTORY RECORDS INVESTIGATION

As a prospective volunteer of The New Foster Care, I understand that it is this agency's policy to secure conviction criminal history information as part of their pre-employment screening process using the information provided below.

Name: _____ D.O.B. _____
(First) (Middle) (Last)

Race: _____ Gender: _____

Previous Names: _____ County: _____

Driver's License: _____

Previous states in which I have resided and date of residence: _____

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, MI. I authorize The New Foster Care to utilize the above information for the sole purpose of obtaining a conviction only Criminal History File Search.

Signature

Date

B. RELEVANT LICENSES, CERTIFICATIONS, REGISTRATIONS, OR TRAINING

[If not applicable, please write N/A]

License (& field)

Certification (& field)

Registration (& field)

Other special skills or training related to the opportunity for which you are applying

C. EMERGENCY CONTACT & REFERENCES

Name & Address _____

Relationship _____ Phone Number: _____

By checking "Yes" below, you acknowledge that The New Foster Care is authorized to contact the applicant's emergency contact if deemed desirable or needed by the TNFC. **Yes**

References: please fill out one or both below, as applicable.

(1) Personal or Professional Reference:

Name: _____

Company/Organization: _____

Phone Number: _____ Relationship: _____

D. ACKNOWLEDGEMENT

I hereby agree and confirm that I have read and signed the attached RELEASE OF LIABILITY AND PUBLICITY RIGHTS and I am waiving all current or future claims against The New Foster Care.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I further understand that any false statements or omissions on this application or attachments shall be considered a crime under local and applicable law.

Signature _____ Date _____

Please email to: Change@TheNewFosterCare.org or mail to:

The New Foster Care, 1615 S. Telegraph, Bloomfield Hills, Michigan, 48302

RELEASE OF LIABILITY
and
PUBLICITY RIGHTS

In return for being allowed to participate in The New Foster Care volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue The New Foster Care or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates (the "Organization") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Organization are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Organization for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Organization have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Organization.

I also hereby grant to the Organization, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of **your local county DHS, access www.michigan.gov/dhs->Inside DHS.**
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box			
<input type="checkbox"/> Child Welfare Agency	<input type="checkbox"/> Employer		
<input type="checkbox"/> Individual <input type="checkbox"/> I would like to pick up my results in _____ county	<input checked="" type="checkbox"/> Volunteer Agency		
<input type="checkbox"/> Law-Enforcement/Dept of Corrections	<input type="checkbox"/> Out-of-State Adoption and Foster Home Screening		
<input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI	<input type="checkbox"/> Other _____		

Name of Employer/Volunteer Agency/Individual THE NEW FOSTER CARE		Name of CPS/Law-Enforcement or Court	
Name		Title	
Address 1615 S. TELEGRAPH		City BLOOMFIELD HILLS,	State MI
		Zip Code 48302	
Phone 248-884-7645	Fax - -	E-mail CHANGE@THENEWFOSTERCARE.ORG	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.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

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.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.