MSU Extension Volunteer Application Form

Extension volunteers working with youth aged 19 and under and/or with adults who have severe mental, physical or emotional disabilities must complete this application.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Telephone: (_____)_____ (_____)_____
(Home) (Work)

Email: _____ Cell Phone: (_____) _____

Do you have a valid driver's license? _____ Yes ___No

Do you have a valid automobile insurance policy? _____ Yes ___No

Why do you want to be an MSU Extension volunteer?

_____

_____

Describe briefly your volunteer experience, work you have done with youth, vulnerable adults and/or community groups, and training you've received as part of that/those volunteering experience(s).

_____

_____

List your interests and skills (for example, drama, food and nutrition, computers, photography, health/safety/wellness, animal science, horticulture, leadership, group process skills, citizenship, natural resources, marine and water resources, community service, career development). Feel free to list any and all others!

_____

_____

I prefer: **(check all that apply)**
____ working with youth: ____ aged 5 to 8 ____ aged 9 to 12 ____ aged 13 to 19
____Working with adults ____ working with adults with disabilities
____ Working with youth with disabilities

How much time are you willing to spend as an MSU Extension volunteer?

Weekly_____ hours Monthly_____ hours

Have you volunteered in other counties within Michigan or in other states? If so, please identify them for us.

Other Michigan counties:_____, _____, _____

Other states (and counties):_____, _____, _____

List three references. Include business associates, employers or social friends. (Do not list relatives.) Be sure you include persons who can provide information about your qualifications and suitability for working as a volunteer with MSU Extension programs.

1. _____
Name Address

Telephone: (_____)_____ (_____)_____
(Home) (Work)

Email:_____

2. _____
Name Address

Telephone: (_____)_____ (_____)_____
(Home) (Work)

Email:_____

3. _____
Name Address

Telephone: (_____)_____ (_____)_____
(Home) (Work)

Email:_____

Have you ever been turned down as a volunteer with another organization?

____No _____ Yes — If yes, please explain: _____

Have you applied to become a volunteer (or have you volunteered) in another county or state in 4-H, another youth organization or any other organizations? _____ No _____ Yes

If yes, please explain: _____

I understand that my enrollment as a volunteer is contingent upon successful completion of the application process. I give my permission for the above-named references to release information about me and for my criminal history to be verified.

I understand that MSU Extension does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, disability, political beliefs, sexual orientation, marital status, family status, or veteran status and that this application will be handled in a confidential manner.
I agree to serve as a volunteer for Michigan State University Extension. I understand that either party may cancel this relationship at any time.

I certify that the above information is correct. I agree to inform MSU of any changes.

Signature _____ Date_____

Return this form to: Dian Liepe, 4-H Program Coordinator, 3255 122nd Avenue, Ste. 103, Allegan MI 49010

Thank you for your willingness to share your talents!

MSU is an affirmative action, equal-opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

MSU Extension Criminal History Check Permission Form

To protect your privacy, this form will be seen only by Michigan State University Extension staff. Please return the completed form in the attached confidential envelope.

_____

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

Race: ___ White ___ Black ___ Asian or Pacific Islander ___ American Indian or Alaskan Native

___ Unknown/Other

Sex: ___ Male ___ Female **Date of Birth** _____

Month Date Year

_____

Other Last Name **Other First Name** **Other Middle Initial**

_____

Other Last Name **Other First Name** **Other Middle Initial**

_____

Other Last Name **Other First Name** **Other Middle Initial**

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

If yes, please explain: _____

_____

I give Michigan State University Extension permission to check my criminal history with state and local police as well as with any jurisdictions in other states in which I have lived.

Signature _____ Date_____

NOTE: A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be an MSU Extension volunteer.

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CENTRAL REGISTRY CLEARANCE REQUEST
Michigan Department of Human Services

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.

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

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

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

- ☐ Child Welfare Agency
- ☐ Individual ☐ I would like to pick up my results in _____ county
- ☐ Law-Enforcement/Dept of Corrections
- ☐ Prosecuting Attorney/Court (please provide docket number if available) _____ MI
- ☐ Employer
- ☐ Volunteer Agency
- ☐ Out-of-State Adoption and Foster Home Screening
- ☐ Other _____

Name of Employer/Volunteer Agency/Individual	Name of CPS/Law-Enforcement or Court		
Allegan County 4-H Program			
Name: Dian Liepe	Title: 4-H Program Coordinator		
Address: 3255 122nd Avenue Ste. 103	City: Allegan	State: MI	Zip Code: 49010
Phone: 269-673-0377 x 2557	Fax: 269-673-7005	E-mail: liepe@anr.msu.edu	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.