

VOLUNTEER REGISTRATION RECORD SHORT TERM VOLUNTEERS

Michigan Department of Human Services

(NOTE: Not to be used if the volunteer is requesting reimbursement.)

PERSONAL DATA:

Volunteer Name (Last, First, Middle Name)			Birth Date	
Home Address (Street Number and Name, Rural Route, PO Box No.)			Email Address	
City	Phone Home & Cell ()	Zip	Person To Notify in case of emergency:	
Home Telephone Number ()			Phone Home & Cell ()	
Do you require reasonable accommodations in order to perform volunteer services? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain)				

Yes No

- Have you been identified as a perpetrator of child abuse or neglect?
- Have you been convicted of a felony?
- Have you been convicted of a misdemeanor?
- Have you received any moving traffic violations?
- Do you have a felony charge pending?

I understand that I must not divulge information contained in Department of Human Services records and files, or information that is obtained while performing DHS activities, except to other DHS paid or unpaid staff who may need such information in connection with their duties.

I will continue to observe this confidentiality agreement after I leave the Volunteer Services of the Department of Human Services.

You have my permission to contact references, and to do a criminal record check, a children's protective services record check, a Public Sex Offender Registry check and a driving record check with the Secretary of State. Yes No

Volunteer Signature	Date	Interviewer Signature	Date
Signature of parent or guardian if volunteer is a minor	Date		

I authorize the use of my name and photograph/video taken for publicity purposes. Yes No

OFFICE USE ONLY

Placement Notes: _____	
AUTHORITY: P. A. 280 of 1939. RESPONSE: Voluntary PENALTY: None	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.

USE ONLY FOR SHORT TERM VOLUNTEERS