

# VOLUNTEER APPLICATION

**PLEASE PRINT**

**NORTHWEST MICHIGAN COMMUNITY  
ACTION AGENCY**  
3963 Three Mile Road, Traverse City, Mi 49686  
(231) 947-3780

Auxiliary aids and services and reasonable accommodation provided upon request.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last First Middle In.

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_ Drivers License # \_\_\_\_\_

Position(s) of interest \_\_\_\_\_ Volunteer how often? Daily [ ] Weekly [ ] Other [ ]

Person to notify in case of an emergency:

Name	Relationship	Phone number(s)
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Do you own a licensed and insured vehicle? ..... Yes [ ] No [ ]

Have you ever been employed by NMCAA? ..... Yes [ ] No [ ]

Are you related to a current employee of NMCAA? ..... Yes [ ] No [ ]

Have you been convicted of a felony in the last seven (7) years? ..... Yes [ ] No [ ]  
 (Such conviction may be relevant if related, but does not bar you from volunteering.)

If yes, please explain: \_\_\_\_\_

Are Felony Charges currently pending? ..... Yes [ ] No [ ]

If yes, please explain: \_\_\_\_\_

Relevant Employment History			
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	

Please briefly explain your interest and/or the goals you hope to achieve as a result of your volunteering with us.

Please list any other previous volunteer work.

Please list any skills, interests or hobbies.

Do you have any conditions that might limit your ability to perform your volunteer responsibilities? Please explain.

### Educational Background

Name and Location	Years Completed	Did you Graduate?		Course of Study
High School:				
College:		Major	Degree	
Other:				

References:	Name	Telephone Number	Years Known
		( )	
		( )	
		( )	

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from NMCAA.

I give NMCAA the right to check all references. I hereby release from liability NMCAA and it's representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

While volunteering, I understand that just as I am free to resign at any time, NMCAA reserves the right to terminate my volunteering at any time, with or without cause and without prior notice. I understand that no representative of NMCAA has the authority to make any assurances to the contrary.

NMCAA is an Equal Opportunity Employer. NMCAA does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for volunteering on a basis prohibited by local, state, or federal law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR N.M.C.A.A USE ONLY:** VOLUNTEER [ ] CHARACTER [ ] RESUME' [ ]  
REFERENCES CHECKED \_\_\_\_\_ INTERVIEWED [ ] ACKNOWLEDGEMENT SENT [ ]  
Initial

# NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY

## ICHAT/SOR CLEARANCE REQUEST

Employment with the Northwest Michigan Community Action Agency is contingent upon the completion of the State of Michigan's Internet Criminal History Access Tool (ICHAT) report and the National and State Sex Offender Registry (SOR) check. These background checks indicate misdemeanors as well as felony charges and the outcomes of those charges.

Please provide the following information needed for the completion of the ICHAT/SOR clearance.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

This signature certifies the above information to be correct and grants permission to NMCAA to obtain the ICHAT and SOR clearance reports.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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### FOR OFFICE USE ONLY:

\_\_\_\_\_ Employee                      \_\_\_\_\_ Volunteer

Please check appropriate clearance check

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Race: \_\_\_\_\_

\_\_\_\_\_  
Issuing Coordinator/Manager

ICHAT completed by \_\_\_\_\_  
Date: \_\_\_\_\_

Return this completed form to Human Resources  
Original ICHAT goes to Human Resources with a copy to the coordinator/supervisor and a copy to the center.