The Arc of Northwest Wayne County
7170 N. Haggerty, Canton, MI 48187
313-532-7915 FAX 313-532-7488
www.thearcnw.org

The Arc.
Northwest Wayne County

Volunteer/Intern Application

Date of Application: _____

Volunteer Position: _____

The information on this application is for use by The Arc of Northwest Wayne County's administration. This document and information will be kept confidential.

Last Name | First Name | Middle Name

Street Address | City | Zip Code

( ) Telephone Number | ( ) Cell Phone Number | Birthdate

Days and Hours available to volunteer: Please circle the day(s) you are available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Are you 18 years or older? ☐ Yes ☐ No

List below any friends or relatives who volunteer or work at The Arc:

Name	TelephoneNumber
	( )
	( )
	( )

INFORMATION NEEDED FOR A CRIMINAL BACKGROUND CHECK **(REQUIRED)**

Driver's License Number and expiration date

Current Employer | Address | ( ) Telephone Number

Job Title | Work Performed

Have you ever been convicted of a crime? ☐ Yes ☐ No

IfYes, where, when and nature of offense? _____

Additional information about you that may be helpful in considering your application:

In signing this application, I represent that all the information given is true and complete; I authorize you to verify any of the information including the completion of a criminal history check.

Volunteer Applicant's Signature | Date

The Arc
Northwest Wayne County

VOLUNTEER AGREEMENT AND ABUSE POLICY

NAME _____ **DATE**_____

As a volunteer for The Arc of Northwest Wayne County, I will do everything in my power to provide a fun and safe environment for the individuals with intellectual and developmental disabilities I serve. I understand that my participation in any program or service will be at a time to be determined by the program director, volunteer chairperson or coach.

AGREEMENT ON RULES (Please read carefully)

1. There is no use of alcohol, prescription or non-prescription drugs (unless medically necessary and approved by the program director). All laws in the state of Michigan are enforced.
2. Personal relationships with other volunteers or Arc staff members are at all times socially proper and shall not interfere in the program activities.
3. All relationships with program participants shall be proper. Any case of suspicion of abuse involving a child or adult shall be reported to the authorities immediately, and is grounds for dismissal.
4. Each volunteer agrees to remain at the activity throughout their scheduled time and will not leave during that time without reporting to the program director, volunteer chairperson or coach.
5. Each volunteer performs all duties as set forth in the volunteer job description and volunteer responsibilities as assigned by the program director or volunteer chairperson.
6. Each volunteer follows all policies as identified in The Arc of Northwest Wayne Counties Operational Policies.

ABUSE POLICY

The Arc of Northwest Wayne County prohibits and does not tolerate abuse of any person or participantin its programs and services, or on any premises under its supervision. Abuse is defined as including physical abuse, physical neglect (child or adult), sexual abuse or molestation, financial abuse, and/or emotional abuse. Employees, volunteers, and staff of The Arc of Northwest Wayne County will comply with the law and this policy by reporting suspected abuse to management staff and other authorities.If any volunteer is accused of abuse, he or she will be suspended pending the outcome of the investigation. If reports of suspected abuse are substantiated, the volunteer will be subject to disciplinary action including suspension, criminal fines and/or other punishments. The Arc of Northwest Wayne Countyis committed to raising consciousness of consumers and their families regarding abuse and their rightto suspected instances of abuse.

I hereby find the above rules acceptable and understand that I must not abuse any person as described in the above policy and that I am required to report any abuse which I suspect has occurred.

Signature _____ **Date**_____

_____ **Date**_____

Parentor LegalGuardian (Must signifvolunteer is under 18 years old)

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Volunteer Background File Search Consent Form

Criminal Background File Search Information

Volunteer's NAME: _____
Last First Middle

MAIDEN NAME/NAMES AND/OR PREVIOUSLY USED NAME _____

BIRTHDATE _____ RACE _____ SEX _____

SOCIAL SECURITY NUMBER N/A

DRIVER'S LICENSE NUMBER _____

As a prospective volunteer for The Arc of Northwest Wayne County I understand that my participation requires a criminal background file search as part of a screening process using the information provided above. I hereby authorize release of this criminal history search to the following person as required:

_____ _____
Arc Northwest Employee Title

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize The Arc of Northwest Wayne County to utilize the above information for the sole purpose of obtaining a criminal background file.

_____ _____
Signature Date