

## Sexual Assault Services of Calhoun County, Bronson Battle Creek Volunteer Application

**Welcome!** Thank you for your interest in volunteering with us. This application is the first step in learning how your skills will best fit with our organization. Please send this completed application to Pam Buchko, 36 West Manchester, Battle Creek, Mi 49037.

Date: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your preferred method of contact? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

If you are currently in school, what school, year and program are you in? \_\_\_\_\_

**Are you earning course credit for volunteering with us?      YES                  NO**

If you need ongoing crisis intervention volunteering for a class will you be able to fulfill our six-month volunteer requirement (enrollment in a class is **not** an exemption from this requirement)? **YES      NO**

Do you speak any languages other than English (incl. ASL)? If so, which? \_\_\_\_\_

Have you ever volunteered or worked for us in the past? **YES                  NO**

If yes, when and what capacity? \_\_\_\_\_

The following two questions are for statistical purposes only.

Please circle your highest completed level of education:

Grammar School	HS/GED	2 Yr. Degree Associates	4 Yr. Degree Graduate in	Masters	PhD	Trade/Tech. School
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How did you hear about us? \_\_\_\_\_

**Criminal Background Check**

**Sexual Assault Services of Calhoun County** will check the criminal history of **ALL** volunteers with the Michigan State Police and DHS.

Please list any other names that you have been known by or have used in the past:

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Have you ever been convicted of a crime? **YES**    **NO**

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

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

**Health Issues**

You may be exposed to common contagious diseases while volunteering with us. In addition to colds and the flu, disease you may be exposed to might include chicken pox, measles, mumps and rubella. You may encounter scabies and head lice. Some of these diseases are particularly dangerous for pregnant women. We strongly encourage all volunteers to get immunizations for tetanus, and hepatitis B, and to get tested for tuberculosis annually. Please speak to the volunteer coordinator if you have any concerns about these health issues.

**Please read and sign:**

I have answered the questions on this application to the best of my knowledge, and none of the answers are knowingly false. I meet the organizations requirements for volunteering, as explained elsewhere. I give permission for a criminal background check. I agree and abide by all Sexual Assault Services of Calhoun County/Bronson Battle Creek policies, especially those regarding confidentiality and security. These policies will be further explained to me elsewhere.

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Signature