

## Respite Volunteers of Shiawassee

**P.O. Box 1777, 710 W. King St. Owosso, MI 48867 (989)725-1127**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Sex \_\_\_ Veteran \_\_\_

Previous healthcare or family caregiving experience \_\_\_\_\_

To you, what is the significance of volunteering?

Languages \_\_\_\_\_ Fluency: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

How is your overall health? Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Disabilities/Medical conditions \_\_\_\_\_

Ethnicity \_\_\_\_\_

How did you hear about Respite Volunteers? \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Are you interested in sharing information about Respite Services to families in your church? \_\_\_\_\_ Community? \_\_\_\_\_ Business/Employer? \_\_\_\_\_

If employed, where? \_\_\_\_\_ Usual work hours \_\_\_\_\_ Calls at work Yes / No

Are you a high school student? \_\_\_\_\_ What grade level are you now \_\_\_\_\_ \*We require parent approval

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Degree Earned \_\_\_\_\_ Special Certifications \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

In-home volunteer preferences: Smoking \_\_\_ Pets \_\_\_ Other \_\_\_\_\_

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| From:  | From:  | From:   | From:     | From:    | From:  | From:    |
| To:    | To:    | To:     | To:       | To:      | To:    | To:      |

As an active volunteer I'm Interested in the following activities (Check all that apply::

\_\_\_ Volunteer for Patients/Families \_\_\_ Phone Support \_\_\_ Church Liaison \_\_\_ Office Help \_\_\_ Fundraising

\_\_\_ Errands/Shopping \_\_\_ Distribute Pamphlets/Posters \_\_\_ Home Repairs \_\_\_ Serve on Committee

\_\_\_ Help with Social Media

**Volunteers are asked to agree to:**

1. Abide by the volunteer program policies and procedures of respite Volunteers of Shiawassee.
2. Provide current, valid copies of Driver’s License and Auto Insurance.
3. Provide written documentation of all patient/family contacts of the Volunteer Time Sheets, and turn In monthly . You may drop off volunteer time sheets to office, or mail in, which ever is easiest for you.
4. Attend continuing education programs, like SHARE meetings, as your schedule permits.

**A photocopy of a valid drivers' license and proof of car insurance is required to activate your volunteer insurance (Respite Volunteers will require this information yearly.)**

**References—Someone unrelated to you who has known you at least two years.**

|                      |                      |
|----------------------|----------------------|
| <b>1. Name</b> _____ | <b>2. Name</b> _____ |
| Phone (    ) _____   | Years Known _____    |
| Address _____        | Address _____        |
| City _____           | Zip _____            |
| Email _____          | Email _____          |
| <b>3. Name</b> _____ | <b>4. Name</b> _____ |
| Phone (    ) _____   | Years Known _____    |
| Address _____        | Address _____        |
| City _____           | Zip _____            |
| Email _____          | Email _____          |

**Criminal History Consent Form**

As a prospective volunteer/employee of Respite Volunteers of Shiawassee. I understand that is this agency’s policy to secure conviction criminal history information as part of their volunteer screening and pre-employment screening process.

I understand that the below information is required by the Central Records Division of the Michigan State Police, Lansing Michigan. I authorize Respite Volunteers of Shiawassee to utilize the below information for the sole purpose of obtaining a conviction only criminal history file search.

List all names Previously Used \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_