



Working to end domestic violence, sexual assault and child abuse.

Volunteer Training Information Packet

Please fill out the forms below and return to LACASA prior to volunteer training.
Original signatures are needed for processing. Please print a copy of the paperwork and mail to:
2895 W. Grand River, Howell, MI 48843

GENERAL

Name: _____ Date: _____

Date of Birth: *(Month/Day/Year, *Optional)* _____

Home Address: _____
Street City Zip Code

Home Phone: () - Work Phone: () - Cell Phone: () -

Email Address: _____

How long have you lived in this community? _____

Do you speak a foreign language? Yes No If yes which language(s): _____

Have you ever been convicted of a crime? Yes No If yes please specify: _____

REFERENCES

I, _____, give permission for the following people, whom I have know for at least a year, to be contacted concerning my capability as a volunteer.

| <u>Name</u> | <u>Relationship</u> | <u>Telephone Number</u> |
|-------------|---------------------|-------------------------|
| 1. | _____ | _____ |

| | | |
|----|-------|-------|
| 2. | _____ | _____ |
|----|-------|-------|

EDUCATION

| Name of School | Date(s) Attended | Major Field of Study | Degree Attained |
|----------------|------------------|----------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY – PLEASE INCLUDE CURRENT EMPLOYER

| Employer | Job Title | Duties/Responsibilities | Dates of Employment |
|----------|-----------|-------------------------|---------------------|
| | | | |
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| | | | |

VOLUNTEER EXPERIENCE

| Employer | Job Title | Duties/Responsibilities | Dates of Employment |
|----------|-----------|-------------------------|---------------------|
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QUESTIONNAIRE

1. Where or how did you hear about LACASA?
2. Why do you want to volunteer for LACASA?
3. What personal benefits do you receive from helping people?
4. Have you ever had any experience with a person in crisis? If so, what was your role?
5. Have you ever been in danger or in a crisis situation? If so, how did you react?
6. How do you react to high stress or situations where a lot is happening at once?
7. What specific experiences have you had with class, ethnic, racial populations, or sexual orientations other than your own?
8. What skills, interests, and/or hobbies do you bring to LACASA?
9. Do you have any links to community resources (heads of corporations, etc.)? For example, would you be willing to use your contacts on behalf of LACASA for such reasons as fundraising and outreach?

REQUEST FOR CENTRAL REGISTRY CLEARANCE

Department of Human Services

I am requesting that DHS provide me with a Central Registry Clearance on myself.

| | | |
|---|--|----------|
| Today's Date | | |
| Name | | |
| Birthdate | Social Security Number | |
| Current Mailing Address (Street No. and Name) | | |
| City | State | Zip Code |
| Current Phone Number | How Long Have You Lived in Michigan | |
| Other Names By Which Known (maiden, alias, etc.) | | |
| Child(ren)'s Full Names and Birthdates | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Have you ever been involved in a Children's Protective Services Investigation? Yes No | | |
| If yes, where and when? | | |
| Agency Name | Livingston Area Council Against Spouse Abuse, Inc. (LACASA) | |
| Agency Address | 2895 W. Grand River Ave., Howell, MI 48843 | |
| Agency Phone Number | (517) 548-1350 | |

PHOTO ID REQUIRED

| | |
|---|--|
| Signature of Requestor | Signature of DHS Staff Person Completing Request |
| AUTHORITY: State P.A. 23B of 1975, 722.627. Sec. 7(f) RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor | DHS will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, disability political beliefs, or sexual orientation. If you need help with reading, writing, hearing, etc. under the Americans with Disabilities Act, you are invited to make your needs known to LACASA. |



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CRIMINAL HISTORY CHECK

As an employee/volunteer of LACASA, I understand it is LACASA policy to secure conviction criminal history information on all employees/volunteers.

Name

Last

First

Middle

Maiden Name/Names Previously Used/AKA

Birth Date

Race

Gender

Social Security Number

Driver's License Number

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan.

I authorize LACASA to use the above information for the sole purpose of obtaining conviction criminal history file search.

Employee/Volunteer Signature

Date



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LACASA Abbreviated Confidentiality Policy*

Full Confidentiality Policy available upon request

PAID AND VOLUNTEER STAFF AND BOARD MEMBERS RESPONSIBILITIES:

LACASA is a domestic violence, sexual assault and child abuse agency. Anyone who contacts or is contacted by this agency seeking support of services provided by this agency becomes a client of the agency. Therefore, any information about this individual, including identity, status and services received, becomes confidential unless it falls under mandated reported areas and/or other areas addressed in existing policies and procedures. Any individual who breaks this policy may jeopardize their status with this agency.

- A. Personnel shall insure that provision is made for the maintenance of confidentiality in keeping of all records, reports, written documentation and statistical data, and for the proper disposal of all confidential records.
- B. All materials used for teaching or public announcements or written or verbal reports (directed to sources outside the agency) shall not identify the persons involved. The identity of a client may be revealed only with written permission given by that individual for a specific and clearly defined purpose.
- C. Personnel shall observe the confidential safeguarding of information about individuals, as mandated by statute, when that information has been obtained through association with LACASA. This confidentiality will be protected by the following:
 - 1. Any information that is requested to be released by Court Order shall be referred to the Executive Director for determination.
 - 2. Information may be released upon written consent of the client, and then only to the extent required or requested.
 - 3. Information may be released for a medical emergency with prior written consent or release signed by the client. Every client must be required to sign this release as well as a release of liability prior to housing.
 - 4. Exception to the above are: Suicide, Child Abuse, Homicide/Credible Threat of Harm to Others and/or Incapacitating Medical Emergencies

CLIENTS RESPONSIBILITIES

- A. In order for clients to remain in a safe place, the identity of other clients and location of the Transitional Housing Units must remain confidential.
- B. Those who divulge the location of the transitional housing units or identity of other clients may jeopardize their eligibility for services.

ACKNOWLEDGEMENT OF CONFIDENTIALITY POLICY

I hereby acknowledge that I have received and have read LACASA's Confidentiality Policy effective 11/02.

Signature

Date

LACASA Representative

Date