



Thank you for your interest in volunteering with the Children's Advocacy Center of Kent County!
If you have any questions regarding our volunteer opportunities, please contact Community Services Coordinator, Misti DeVries, at mdevries@cac-kent.org or 616.336.5164.

Personal Information

First Name	Last Name	Date of Birth
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Street Address

City	State	Zip Code
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Phone Number	Email
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Emergency Contact/Relationship	Emergency Contact's Phone Number
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Where did you hear about the CAC or who referred you? _____

Education/ Employment

College	Graduation Year
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High School	Major and Year
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Other	Area of Study
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Most Recent Employer	Job Title
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Address	Past or Current
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Supervisor or Employment Reference	Phone Number
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References

First Name	Last Name	Relationship	Phone Number
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First Name	Last Name	Relationship	Phone Number
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Volunteer Experience

Date	Organization	Volunteer Responsibilities

What do you hope to gain from your volunteer experience with the CAC?

Please explain any experience you have working with children:

Please list any strong interest, knowledge areas, hobbies or special skills that you offer as a volunteer:

Have you ever been convicted of or pled no contest to a misdemeanor and/or felony? Yes No

If yes, please explain:

Please read the following statements carefully and sign below

I certify that the statements I have made in this application are true, complete, and correct to the best of my knowledge and are made in good faith. I hereby grant the Children’s Advocacy Center permission to verify such information and conduct a background check including any criminal history and contacting personal, professional, and volunteer references. I hereby release the CAC from any and all claims arising in any way from their participation in such an inquiry and investigation.

I understand that, should I become injured while performing volunteer work at the Children’s Advocacy Center, I am not covered under the Center’s insurance and assume full responsibility for any subsequent medical expenses. I hereby hold harmless the CAC for any injuries I may sustain while volunteering.

I have read and understand volunteer duties and responsibilities as outlined in the CAC’s Volunteer Application and hereby agree to abide by them. I agree to always maintain strict confidentiality regarding all clients, families, and donors involved with the Children’s Advocacy Center.

Volunteer Signature

Date

Please mail your completed application to Angie Kowalczyk
Children’s Advocacy Center of Kent County * 2855 Michigan Street NE, Grand Rapids, MI 49506
Or email to mdevries@cac-kent.org

Special Skills & Interests

Which volunteer position interests you? Please indicate all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Group Projects | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Care Closet | <input type="checkbox"/> Healing Garden | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Child care/lobby support | <input type="checkbox"/> KHR Prevention Support | <input type="checkbox"/> Spring/Fall Clean up |
| <input type="checkbox"/> Crafty projects for clinical team | <input type="checkbox"/> Mailings | <input type="checkbox"/> Outreach events |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Photography | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Reception Desk | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Requirement for College/University* Name of School: _____ | | |

Please list any strong interest, knowledge areas, experience, or special skills that you offer as a volunteer:

- | | | |
|---|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Finance | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Corporate Experience | <input type="checkbox"/> Government | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Development | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Multi-Lingual |
| <input type="checkbox"/> Education | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Faith Based | <input type="checkbox"/> Legal | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Foundations | <input type="checkbox"/> Media | <input type="checkbox"/> Technology/IT |

*If volunteering for a school requirement:

Name of school: _____
 Name of professor: _____
 Email address of professor: _____
 How many hours need to be completed: _____
 Date hours need to be complete: _____

How many hours are you available per week? _____

Please indicate your anticipated availability between 8:30am and 7pm:

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

*Most opportunities are during the day. However, occasional evening or weekend opportunities will be available.



Volunteer Release of Information Form For CAC Background Check

Full Legal Name: _____ DOB: _____

Previous Names Used: _____

Address: _____

Social Security/Work Visa #: _____

Driver's License/Photo ID#: _____

Race/Ethnicity (check all that apply):

- American Indian/Alaska Native Asian/Pacific Islander Black
 Hispanic White (nonHispanic) Mixed Races

Gender (as assigned at birth, for background clearance purposes):

- Male Female

I hereby authorize permission for the Children's Assessment Center DBA Children's Advocacy Center of Kent County to conduct a prospective volunteer and, upon regular volunteering, an annual background clearance including child abuse registry and criminal history.

Signature

Date

* Copy of Photo ID needed for DHHS Central Registry Clearance



Employee/Volunteer/Intern Information Form

The CAC is committed to being a safe space for all religions, races, ethnicities, orientations, and identities for our staff, volunteers, and interns. We understand that some of the questions required for background clearance purposes may not accurately represent how you identify. The questions below are completely optional, and you are NOT required to answer any in order to work or volunteer at the Center.

Name:

Preferred name/nickname
for nametag:

Preferred pronouns
(please circle one)

Gender, as you identify
(please circle one)

He/Him/His

She/Her/Hers

They/Them/Theirs

Male

Female

Nonbinary

1.) Is there anything you would like our staff to know about you in order to make your time here feel more safe and comfortable?

2.) From your unique perspective, are there any suggestions and/or concerns you may have that would make our Center a more welcoming space for all individuals?

3.) Are you comfortable with us sharing this information with:

Management Team: Executive Director, Operations Director,
Program Director, Development & Communications Director, KHR
Program Manager, Clinical Supervisor, and Lead Forensic Interviewer

Yes

No

All Staff

Yes

No

CAC Confidentiality Statement

Through your activities and duties, you may learn of or have access to protected health and financial information for clients and employees. Protected health information, for employees and clients, is defined as any information that identifies an individual (client) and describes their health status, sex, age, ethnicity, or other demographic characteristics, in any format (i.e., electronic, written, or oral). Protected health information is to be maintained in a confidential manner. All protected health information is protected by law and by the privacy policies of this practice. The intent of the laws and policies is to ensure that protected health information remains confidential, and that it is used only to provide for client care and services. Your duties, obligations and responsibilities with regard to confidentiality are described below in the form of an agreement with this practice. You are required to abide by these duties, obligations and responsibilities. Any violation will subject you to discipline, which may include termination of the volunteer agreement and legal liability from the patient and this practice.

Confidentiality Agreement - I, the undersigned, agree to the following:

1. I will use protected health information only as needed to perform my legitimate duties as a volunteer of this practice. This means, among other things, that:
 - I will only access protected health information necessary for the performance of my duties;
 - I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information, except as properly authorized by the center; and
 - I will not misuse or act carelessly with protected health information.
2. I will safeguard and will not disclose information that could provide access to protected health information by persons outside of this practice.
3. I will report activities by any person or entity that I suspect may compromise the confidentiality of protected health information. (Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.)
4. I understand that my obligations for maintaining confidentiality of protected health information maintained by this practice will continue after termination of the volunteer agreement.
5. I understand that I have no right or ownership interest in any protected health information referred to in this agreement. The center may at any time revoke my access to confidential information. At all times during and after my volunteer agreement, I will safeguard and retain the confidentiality of all protected health information.
6. I will be responsible for any misuse or wrongful disclosure of confidential information and for my failure to safeguard my means of access to confidential information. I understand that my failure to comply with this agreement may also result in my loss of the volunteer agreement and legal liability.
7. All Center communications and Center business are strictly confidential and must be treated as such by all employees, volunteer and service providers. No one shall divulge confidential Center business including, but not limited to, files, case records, referrals, the identity of patients, clients or alleged perpetrators, Board of Directors' information, funding sources and financial status, to any person other than Center staff, assigned service providers or members of the Board of Directors. No staff member or volunteer may speak to the media without the prior approval of the Executive Director.

Name (Please Print)

Signature

Date