

Jackson Office

536 N. Jackson Street
P.O. Box 1802
Jackson, MI 49204
Phone: (517) 784-7181
Fax: (517) 796-9004



Volunteer Application

Office Use Only SB CB COPE Inquiry Date: _____

Based on enclosed program description, which program are you interested in? Community-Based School-Based

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: ____ / ____ / ____

Race or Ethnicity: _____ Male Female

Home Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Alternate (cell) Phone: _____

Personal Email: _____

Employer: _____ Occupation: _____ May we contact you at work? **Y N**

Work Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email _____

Do you have a driver's license? **Y N** Do you have access to transportation? **Y N**

Type of transportation: _____

Marital Status: Single Married Separated Divorced Widowed

What is the highest level of education you have attained? _____

Have you ever been, or applied to be, a Big Brother or Big Sister? **Y N**

If yes, when and where? _____

What, if any, other youth organizations have you worked with as a volunteer? _____

Have you ever pleaded guilty, no contest or been convicted of a crime? **Y N** If yes, please list dates and details: _____

Have you ever had a history of mental/emotional disorder? **Y N** If yes, please list dates and details: _____

Was it within the last 5 years? **Y N** Are you currently in treatment? **Y N**

Answering yes to these questions does not constitute an automatic rejection for participation. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

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REQUIRED (either spouse/spousal equivalent or family member)

SPOUSE/SPOUSAL EQUIVALENT (someone with whom you are seriously, romantically, or consistently involved in a long-term relationship) **or Family Member** (if you have no current spouse/spousal equivalent).

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: ____ / ____ / ____

Race or Ethnicity: _____ Male Female

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Alternate Phone: _____

Personal Email: _____

Employer: _____ Occupation: _____ May we contact them at work? **Y N**

Work Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

Do they have a driver's license? **Y N**

Have they ever pleaded guilty, no contest or have been convicted of a crime? **Y N** If yes, please give details and dates: _____

Have they ever had a history of mental/emotional disorder? **Y N** If yes, please give details and dates: _____

Was it within the last 5 years? **Y N**

Are they currently in treatment? **Y N**

Name of each person living in or spending extended overnights in applicant's household - including adults.	Age	Relationship

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REFERENCES:

Please list below the names and addresses of at least two (2) other persons who can vouch for your reputation, character and morals. Please use only persons who have known you for at least 2 years and within the past 7 years.

WORK OR SCHOOL

Name: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Day time Phone #: _____ Fax #: _____ Email: _____

PERSONAL (Non-Family Member)

Name: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Day time Phone #: _____ Fax #: _____ Email: _____

List all Youth Serving Organizations you may have been involved with in the past 5 years. If there are more than two, use the other side of the form.

YOUTH SERVING ORGANIZATION (required if you have served as paid staff or a volunteer in any such organization)

Name: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Day time Phone #: _____ Fax #: _____ Email: _____

YOUTH SERVING ORGANIZATION

Name: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Day time Phone #: _____ Fax #: _____ Email: _____

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) This does not obligate me to perform any volunteer services;
- 3) The Big Brothers Big Sisters agency is not obligated to match me with a youth; and,
- 4) As part of the enrollment processes, staff will be asking me to provide additional personal information prior to making recommendations for assignment.

If accepted into the BBBS programs:

- I authorize the use of my photograph in the promotion of and reporting on agency programs and events
- I will provide proof of auto insurance and a copy of a valid drivers license (for community based programs) and I certify that I will immediately notify BBBS staff of any lapse in insurance or change in driver's license status. I understand that BBBS of Jackson may on a periodic basis, confirm the existence of these requirements.

Signature: _____ **Date:** _____

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VOLUNTEER RELEASE OF INFORMATION

VOLUNTEER INFORMATION:

NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____ SOC. SEC. #: _____

DRIVERS LICENSE #: _____ SEX: _____ RACE: _____

I, _____, do hereby authorize Big Brothers Big Sisters of Jackson County (BBBS), or any agent of BBBS to contact any of my previous employers or to contact schools, companies, corporations, law enforcement agencies, persons and educational institutions, any counselors or therapists I may have had contact with to supply any information concerning my background. I understand that any documentation received will be used to help determine my eligibility as a volunteer, will become part of my confidential file, and will expire upon termination of direct service with BBBS. I release all such persons/institutions from liability or damages as a result of inquiry or furnishing the information.

Furthermore, I, the undersigned, authorize the Jackson Police Department, Record Station, to conduct a criminal background check by name and identifiers to determine the existence of any arrest or misdemeanor ticket violation and furnish a response to Big Brothers Big Sisters of Jackson County, Inc.

Finally, I authorize the use of my photograph in the promotion of and reporting on agency programs and events.

(Name-Please Print)

(Home Phone Number)

(Address)

(County, City, State & Zip)

(Signature)

(Date)

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Big Brothers Big Sisters of Jackson County Inc.

Certification of Driver's License and Vehicle Insurance

POLICY STATEMENT:

In the interest of safeguarding all participants in the Big Brothers Big Sisters (BBBS) program, BBBS of Jackson requires any motor vehicles used in conjunction with BBBS activities are insured to the extent required by the State of Michigan. Additionally, any individual operating a motor vehicle for BBBS purposes must possess a valid motor vehicle operator's license.

In the interest of safeguarding all participants in the Big Brothers Big Sisters (BBBS) program, BBBS of Jackson County Inc. must have **documentation** that any motor vehicles used in conjunction with BBBS activities are insured to the extent required by the State of Michigan. Additionally, any individual operating a motor vehicle for BBBS purposes must provide **documentation**, as required by BBBS, that they possess a valid motor vehicle operator's license.

These licensing and insurance requirements apply to volunteers operating a motor vehicle while transporting BBBS client(s) and employees who operate motor vehicles in the course of their work duties. This requirement does not apply to BBBS Board of Director members traveling to and from meetings and events.

Documentation will be provided as follows:

The volunteer or staff member, upon entry into the BBBS program, will provide evidence of a valid operator's license and vehicle insurance on any vehicle that may be used to transport clients or in association with work duties respectively. The volunteer or staff member will also be required to sign a certification statement agreeing to immediately notify BBBS staff of any lapse in insurance or change in driver's license status. BBBS of Jackson may, on a periodic basis, confirm the existence of these requirements.

Big Brothers Big Sisters Certification of Driver's License and Vehicle Insurance

I, _____, certify that I will immediately notify BBBS staff of any lapse in insurance or change in driver's license status. I understand that BBBS of Jackson may, on a periodic basis, confirm the existence of these requirements.

Signature

Date

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PROGRAM DESCRIPTION

*You can make a **BIG** impact by being a Big Brother or Big Sister!*

Big Brothers Big Sisters of Jackson County is seeking extraordinary men and women to extend their hearts and develop a friendship with a child in our community.

There are two mentoring opportunities with Big Brothers Big Sisters and within each of these programs are specialized mentoring opportunities:

Community Based

- The matches are able to schedule their own activities within the community.
- This mentoring relationship will endure for **at least one year**, and at most a lifetime! The mentor and mentee must meet a minimum of 1 hour per week (or four hours monthly).
- Meeting times and activities are determined between the mentor and mentee.
- Couples (married or two individuals of the same gender) may mentor a child together.

SITE Based

Bigs In-Schools

- The mentor joins his/her mentee at a school during the recess-lunch period (usually 40 minutes) for **one day each week, for one calendar year, but not over the summer.**
- The mentors and mentees participate in activities such as eating lunch together, playing games, working on academics or just taking a walk on the school grounds. Bigs In-Schools is a perfect way to gain a greater sense of community.
- **SITE Based Plus** ○ Mentors can choose to add elements of the Community Based program to the existing Bigs in Schools program which could involve taking their Little off the school campus for lunch or a trip to an employer or to attend one or more of our scheduled BBBSJC events.

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in		County (For Michigan Residents Only).	

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box			
<input type="checkbox"/> Employer	<input checked="" type="checkbox"/> Volunteer Agency	<input type="checkbox"/> Adoption/Foster Care Home Screening	<input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney
<input type="checkbox"/> Other			
Name of Agency or Organization Big Brothers Big Sisters of Jackson County	Name of Requester Karen Smith		
Address 536 N. Jackson Street	City Jackson	State MI	Zip Code 49201
Email ksmith@bbbsjackson.org	Fax 517-796-9004	Phone Number 517-784-7181	

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

~~INSTRUCTIONS FOR FILLING OUT THE DHS-1929~~

~~Michigan Department of Health and Human Services~~

~~**Michigan residents requesting clearance on themselves** (You must possess a Michigan identification) Complete section one and sign the form in the box provided. Include a copy of your Michigan picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your DHS-1929 form with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.~~

~~**Michigan agencies, schools, preschool, daycare providers, employers and volunteer agencies** The person being cleared completes section one, signs the form and adds a copy of their picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit the DHS-1929 with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.~~

~~**Individuals outside of Michigan**~~

~~For out of state Individuals requesting clearance on themselves, complete section one and sign the form. Include a copy of your state picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.~~

~~**Agencies, schools, preschool, daycare providers, employers and volunteer agencies outside of Michigan**~~

~~For out of state agencies, the person being cleared completes section one, signs the form and adds a copy of their state picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.~~

~~**Out-of-State Adoption and Foster Home Screening**~~

~~Please access our website at www.michigan.gov/MDHHS and follow the instructions for submitting an outstate request for adoption and foster home screening. For questions contact 517-284-9740.~~

~~**Michigan Camp Volunteers and Employees (All Types)**~~

~~Please contact the Department of Licensing and Regulatory Affairs, Bureau of Community Health Systems at 866-685-0006 or www.michigan.gov/lara Submit completed form BCHS-camp 001 (Rev 1/16) to the address on the form.~~

~~Outstate government agencies requesting information, please access our website at www.michigan.gov/DHHS follow the links to child abuse and neglect or call 517-241-9794.~~

~~If a person is listed on central registry the results will only be sent to the individual at the address on their photo identification.~~

County	Address	Phone	Fax
Alcona	410 E. Main St. Harrisville MI 48740	989-724-9000	989-362-6629
Alger	234 W. Baraga Ave. Marquette 49855 (Courthouse Annex)	906-628-7002	906-387-4710
Allegan	3255 122nd., Ste. 300 Allegan, MI 49010	269-673-7700	269-673-7795
Alpena	711 W. Chisholm St., Alpena, MI 49707	989-354-7200	989-354-7242
Antrim	203 E. Cayuga St., PO Box 316, Bellaire, MI 49615	231-533-8664	231-533-8740
Arenac	3709 Deep River Rd., Standish, MI 48658	989-846-5500	989-846-4365
Baraga	108 Main St., PO Box 10, Baraga, MI 49908	906-353-4700	906-353-8415
Barry	430 Barfield Dr., Hastings, MI 49058	269-948-3200	269-948-4101
Bay	1399 W. Center Rd., Essexville, MI 48732	989-895-2100	989-895-2494
Benzie	448 Court Plaza Govt. Ctr., PO Box 114, Beulah, MI 49617	231-882-1330	231-882-9078
Berrien	401 Eighth St., PO Box 1407, Benton Harbor, MI 49023	269-934-2000	269-934-2115
Branch	388 Keith Wilhelm Dr., Coldwater, MI 49036	517-279-4200	517-278-5346
Calhoun	190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016	269-966-1284	269-966-2837
Cass	325 M-62, Cassopolis, MI 49031	269-445-0200	269-445-0298
Charlevoix	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Cheboygan	827 S. Huron St., Cheboygan, MI 49721	231-627-8500	231-627-8546
Chippewa	463 East 3 Mile Rd., Sault Ste. Marie, MI 49783	906-635-4100	906-635-4173
Clare	725 Richard Dr., Harrison, MI 48625	989-539-4260	989-539-4200
Clinton	105 W. Tolles Rd., St. Johns, MI 48879	989-224-5500	989-224-3896
Crawford	230 Huron Grayling, MI 49738	989-348-7691	989-348-2838
Delta	305 Ludington St., Escanaba, MI 49829	906-786-5394	906-786-5350
Dickinson	1401 Carpenter Ave. Ste. A, Iron Mountain, MI 49801	906-779-4100	906-774-2775
Eaton	1050 Independence Blvd., Charlotte, MI 48813	517-543-0860	517-543-2125
Emmet	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Genesee	125 E. Union St., P.O. Box 1628, Flint, MI 48501	810-760-2550	810-760-2745
Gladwin	675 E. Cedar Ave., Gladwin, MI 48624	989-426-3300	989-426-3353
Gogebic	301 E. Lead St., Bessemer, MI 49911	906-663-6200	906-663-6230
Gd Traverse	701 S. Elmwood Ste.19, Traverse City, MI 49684	231-941-3900	231-941-0037
Gratiot	201 Commerce Dr., Ithaca, MI 48847	989-875-5181	989-875-2811
Hillsdale	40 Care Dr., Hillsdale, MI 49242	517-439-2200	517-439-0015
Houghton	47420 State Hwy. M-26 Ste. 62, Houghton, MI 49931	906-482-0500	906-487-7726
Huron	1911 Sand Beach Rd., Bad Axe, MI 48413	989-269-9201	989-269-9875
Ingham	5303 S. Cedar St., Lansing, MI 48911	517-887-9400	517-887-9500
Ionia	920 E. Lincoln, Ionia, MI 48846	616-527-5200	616-527-1849
Iosco	2145 E. Huron Rd., East Tawas, MI 48730	989-362-0300	989-362-6629
Iron	337 Brady Ave., PO Box 250, Caspian, MI 49915	906-265-9958	906-265-6390
Isabella	1919 Parkland Dr., Mt. Pleasant, MI 48858	989-772-8400	989-772-8460
Jackson	301 E. Louis Glick Hwy., Jackson, MI 49201	517-780-7400	517-780-7160
Kalamazoo	427 E. Alcott St., Kalamazoo, MI 49001	269-337-4900	269-337-5179
Kalkaska	503 North Birch St., Kalkaska, MI 49646	231-258-1200	231-258-4482
Kent	121 Franklin St. SE Ste. 200, Grand Rapids, MI 49507	616-248-1000	616-248-1059

County	Address	Phone	Fax
Keweenaw	3616 Highway US-41, PO Box 351, Mohawk, MI 49950	906-337-3302	906-337-1131
Lake	5653 S. M-37, Baldwin, MI 49304	231-745-8159	231-745-2930
Lapeer	1505 Suncrest Dr., Lapeer, MI 48446	810-667-0800	810-667-0795
Leelanau	701 S. Elmwood Ste. 19, Traverse City, MI 49684	231-941-3900	231-941-0037
Lenawee	1040 S. Winter St. Ste. 3013, Adrian, MI 49221	517-264-6300	517-264-6357
Livingston	2300 E. Grand River Ste. 1, Howell, MI 48843	517-548-0200	517-548-0298
Luce	500 W. McMillan, Newberry, MI 49868	906-293-5144	906-293-3857
Mackinac	199 Ferry Lane, Saint Ignace, MI 49781	906-643-9550	906-643-7467
Macomb	44777 North Gratiot, Ste A, Clinton Township, MI 48036	586-469-7700	586-346-9888
Macomb	13041 E. 10 Mile Rd. Warren, MI 48089	586-427-0600	586-427-0668
Macomb	41227 Mound Rd. Ste. A, Sterling Heights, MI 48314	586-254-1500	586-254-8029
Manistee	1672 US 31 South, Manistee, MI 49660	231-723-8375	231-398-2106
Marquette	Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855	906-228-9691	906-228-3393
Mason	915 Diana St., Ludington, MI 49431	231-845-7391	231-843-1430
Mecosta	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Menominee	2612 10th St., Menominee, MI 49858	906-863-9965	906-863-7426
Midland	1509 Washington, Ste. A, Midland, MI 48641	989-835-7040	989-835-7597
Missaukee	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Monroe	903 S. Telegraph, Ste. A, Monroe, MI 48161	734-243-7200	734-243-1660
Montcalm	609 N. State, PO Box 278, Stanton, MI 48888	989-831-8400	989-831-8496
Montmorency	13210 M-33, Atlanta, MI 49709	989-785-4218	989-785-2302
Muskegon	2700 Baker St., PO Box 4290, Muskegon Heights, MI 49444	231-733-3700	231-733-3872
Newaygo	1018 Newell, PO Box 640, White Cloud, MI 49349	231-689-5500	231-689-5586
Oakland	51111 Woodward Ave., Pontiac, MI 48342	248-975-5700	248-975-5550
Oceana	4081 W. Polk Rd., Hart, MI 49420	231-873-7251	231-873-3803
Ogemaw	444 E. Houghton Ave., West Branch, MI 48661	989-345-5135	989-345-4688
Ontonagon	408 Cooper St., Ste. B, Ontonagon, MI 49953	906-884-4951	906-884-6323
Osceola	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Oscoda	200 W. Fifth St., Mio, MI 48647	989-826-4000	989-826-3961
Otsego	931 S. Otsego Ave., Gaylord, MI 49735	989-732-1702	989-732-8715
Ottawa	12185 James St. Ste. 200, Holland, MI 49424	616-394-7200	616-395-5526
Presque Isle	164 N. Fourth St., Rogers City, MI 49779	989-734-2108	989-734-2767
Roscommon	715 S. Loxley Rd., Houghton Lake, MI 48629	989-366-2300	989-366-2304
Saginaw	411 E. Genesee, PO Box 5070, Saginaw, MI 48605	989-758-1100	989-758-2710
St. Clair	220 Fort St., Port Huron, MI 48060	810-966-2000	810-966-2025
St. Joseph	692 E. Main St., Centreville, MI 49032	269-467-1200	269-467-1229
Sanilac	515 S. Sandusky Rd., Sandusky, MI 48471	810-648-4420	810-648-4432
Schoolcraft	Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855	906-341-2114	906-341-2110
Shiawassee	1720 E. Main St. Ste. 1, Owosso, MI 48867	989-725-3200	989-725-3308
Tuscola	1365 Cleaver Rd., Caro, MI 48723	989-673-9100	989-673-9209
Van Buren	57150 CR 681, Hartford, MI 49057	269-621-2800	269-621-2927

County	Address	Phone	Fax
Washtenaw	22 Center St., Ypsilanti, MI 48198	734-481-2000	734-481-8386
Wayne North	13233 Hamilton Ave., Highland Park, MI 48203	313-852-1700	313-852-1891
Wayne South	1801 E. Canfield Detroit, MI 48207	313-578-5500	313-578-5392
Wayne West	27540 Michigan Ave., Inkster, MI 48141	313-931-6400	313-931-6439
All Wayne	Visit www.michigan.gov/mdhhs for all offices		
Wexford	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Outstate	PO Box 30037, Ste. 510, Lansing, MI 48909-7537	517-373-6028	517-763-0280