

Office Use only: Orientation Date: _____

Interest Forms: _____



Eastside neighbors Growing in Community

Community Service Form

____/____/____ _____ _____ _____ _____ _____/____/____
 Date Last Name M.I. First Name Gender Birthdate

_____ _____ _____ _____
 Address City State Zip Code

_____ _____ _____
 Home Phone Cell Phone Email

_____ _____
 Emergency Contact Phone

Court Appointed Contact

List the name and phone number of your assigned court appointed contact. Court paperwork concerning your court assignment, deadlines, and other requirements or related information must be attached to be considered for volunteer.

Name of Court: _____

Contact Person: _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Phone: _____ **Email:** _____

Please mark your availability:

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----|----|--------|---------|-----------|----------|--------|----------|
| AM | 9 | | | | | | |
| | 10 | | | | | | |
| | 11 | | | | | | |
| PM | 12 | | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| | 4 | | | | | | |
| | 5 | | | | | | |
| | 6 | | | | | | |
| | 7 | | | | | | |

Please list any hobbies, talents, skills, knowledge areas, educational background, etc. that you think might be helpful for ANC to know!

Background Check Consent Form

On April 28th, 2008 the ANC Board of Directors approved the following procedures or screening all those who are applying to volunteer with Allen Neighborhood Center.

1. **All** volunteer and staff (with the exception of Michigan State University students, who are screened by MSU Service Learning Center) will be screened through the Michigan State Police IChat System.
2. Confidential files are kept on all applicants and results.
3. When the I-Chat System reveals a criminal background, the Volunteer Program Coordinator, in consultation with the Executive Director, will make a determination whether this person's offer of volunteer service will be accepted.

I understand and accept the terms listed above for participation as a volunteer at the Allen Neighborhood Center.

Printed Name

Signature

Date of Birth

Thank you for your interest in volunteering with the Allen Neighborhood Center! Once you have completed this form, please submit it to Volunteer Coordinator, Kat Logan. You may do so by scanning the document (front and back) and emailing it to volunteer@allenneighborhoodcenter.org, or submitting it in person/via the mail to the center. Once the documents have been submitted the severity of the reason for having to perform community service will be evaluated on a case by case basis, and will be made in the best interest of the ANC staff and neighbors. Upon acceptance of the volunteer into the ANC's service program, a contract will be written specifying dates of service, number of hours, and details of activities to be performed.