Volunteer Form

Date __/__/____  Last Name __________________________ M.I. ________ First Name __________________________ Gender ________ Birthdate __/__/____

Address __________________________ City __________________________ State __________________________ Zip Code __________________________

Home Phone __________________________ Cell Phone __________________________ Email __________________________

Emergency Contact __________________________ Phone __________________________

Are you volunteering to fulfill a class/school requirement? ______  If yes, how many hours? ________________

Are you volunteering to fulfill an ANC programmatic requirement? ______  If yes, which program? __________________________

Please mark your availability:

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Below is a list of possible volunteer opportunities with the Allen Neighborhood Center. Please check any and all that you think may interest you:

☐ Allen Farmers Market  ☐ Newsletter Support  ☐ Senior Discovery Group
☐ BreadBasket  ☐ Neighborhood Cleanup  ☐ Youth Programs
☐ Hunter Park GardenHouse  ☐ Outreach and Engagement

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

________________________________________________________________________

Allen Neighborhood Center
1611 E. Kalamazoo St. – Lansing, MI – 48912 – 517.999.3919
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 and reviewed, you will be contacted to schedule a volunteer orientation. From there, you will be scheduled to volunteer with ANC programs!