



How to complete the Volunteer Application:

Please read this carefully and follow all instructions:

Vista Maria is a childcare institution licensed by the State of Michigan. Vista Maria is required to ensure that all persons having contact and ongoing duties shall be of good moral character, emotionally stable and of sufficient health, ability, experience and meet required qualifications to perform in a specific role or to perform assigned duties.

Volunteers are required to successfully complete all requirements to ensure compliance with COA, regulatory agencies, government regulations and Vista Maria policies which include: TB test; Michigan, Department of Human Services clearance; and any other background checks as required.

1. The Volunteer Application is made up of several parts. Please be sure to answer all components of the application. These include:
 - **Personal Information** – Vista Maria shares none of your personal information with outside sources. Files are kept within the Volunteer Department.
 - **Emergency Contact Information**– For purposes of contacting the individual you identify in case of an emergency.
 - **Employment Contact Information** – For purposes of contacting you in the event of an activity/appointment/group cancellation.
 - **Education Information** – For student interns and workshop groups
 - **Volunteer Availability**
 - **Program of Interest** – To determine which volunteer activities you are interested in pursuing
 - **Criminal History Record Check Consent and Sex Offender Registry** – Please include **both** your driver's license number and social security number. These items are needed to run your criminal history record check. These items are not shared with sources outside of Vista Maria; all files are kept within the Volunteer Department.
 - **References** – Please supply the agency with three completed reference forms from *PROFESSIONAL* references only. No family members please.

Vista Maria Volunteer Application

Applicants are considered for Volunteer positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, sexual orientation or the presence of a handicap or medical condition not related to their ability to perform necessary volunteer duties. Selection of volunteers to fill positions at Vista Maria or community based programs is based on skills, program requirements, and the ability of volunteers to work within the parameters of the Good Shepherd Philosophy.

Personal Information

Date of Application: _____

Name: _____ Sex: Male Female

Applicant Address : _____

City, State, ZIP: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

License Plate #: _____ Car Model: _____

Color: _____ Year: _____

Have you applied to work or volunteer at Vista Maria in the past? Yes No

If yes, was your application accepted? Yes No

If yes, please list dates and capacity of your involvement:

How did you hear about Vista Maria's Volunteer Program?

Describe your interest in being a volunteer for Vista Maria or Community Based Programs:

Describe any volunteer work you have done in the past:

What are your motivations to become a volunteer at Vista Maria?

Describe any training, classes, certification, or experiences, talents, and skills that will help you in your volunteer responsibilities:

Do you currently know any child that resides at Vista Maria? Yes No

If yes, please explain:

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

Felony Degree (if known): _____

State/County: _____ Date: _____

Sentence/Fine: _____

If yes, please explain:

Do you have any physical, mental, medical impairment or disability that would limit your performance as a volunteer with Vista Maria? Yes No

If yes, please explain:

Emergency Contact Information

In the event of an emergency, please provide the name of the individual we can contact:

Name of Emergency Contact: _____ Relationship to Emergency Contact: _____

Phone Number of Emergency Contact: _____

Employment Information

Name of Employer: _____

Work Phone Number: _____ May we call you at work? Yes No

Education Information

School: _____ Degree/Major: _____

Volunteer Availability

Please indicate days and times you are available by providing an "x" in the appropriate boxes

	MON	TUE	WED	THU	FRI	SAT	SUN
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
12 p.m.							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							

Program of Interest

I am interested in volunteering as a

- | | |
|--|---|
| <input type="checkbox"/> Volunteer Mentor | <input type="checkbox"/> Student Intern |
| <input type="checkbox"/> Volunteer Tutor | <input type="checkbox"/> Heartmover |
| <input type="checkbox"/> General Volunteer | <input type="checkbox"/> Substance Abuse Recovery |
| | <input type="checkbox"/> Community Service |

Criminal History Record Check Consent/Sex Offender Registry

As a prospective employee/volunteer of Vista Maria, I understand that it is this agency's policy to secure conviction criminal history information as part of their pre-employment screening process using the information provided below.

Name: _____ D.O.B. _____

Race: _____ Gender: _____

Previous Names: _____ County _____

Drivers License: _____

How long have you lived in Michigan? _____ Prior? _____

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize Vista Maria to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search.

Signature: _____ Date: _____

Reference Information

I understand that it is my responsibility to supply Vista Maria with three completed reference forms prior to the start of my volunteer services

TO BE COMPLETED BY PROSPECTIVE VOLUNTEER:

Name: _____

Name of Reference: _____ Phone Number: _____

TO BE COMPLETED BY REFERENCE:

The above individual has applied to us for a position as a volunteer. Please provide the information requested.

In what capacity have you known this applicant? _____

How long have you known this applicant? _____

Appraisal of Applicant:

Please rate the applicant to the best of your ability on a scale of 1-5, with one being the lowest and five being the highest.

a. <i>Commitment and Consistency</i>	1	2	3	4	5
b. <i>Assessment Skills</i>	1	2	3	4	5
c. <i>Skills working with People</i>	1	2	3	4	5
d. <i>Communication & Mediation Skills</i>	1	2	3	4	5
e. <i>Knowledge of & skills to work with teen girls</i>	1	2	3	4	5
f. <i>Acceptance of diverse cultures, religions, etc.</i>	1	2	3	4	5

Please describe the applicant in 3-5 words: _____

Additional Comments: _____

Signature of Reference: _____ Date: _____

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