



COMMUNITY REBUILDERS  
 1120 Monroe NW Suite 220  
 Grand Rapids, MI 49503  
 Phone: 616-458-5102  
 Fax: 616-458-4788

**Volunteer Application**

We appreciate your interest in volunteering your time to serve others through Community Rebuilders. We ask that you complete this application for several reasons. First, we need to get to know you a bit to help determine where you might most enjoy volunteering; second, we have a duty to make appropriate placements of those we bring in to work with our clients and beside our staff. For this same reason volunteers who will work directly with our consumers are required to pass a background check. This is done for the protection of all clients, visitors, staff members and volunteers.

Please complete all sections of this form to the best of your ability, and call us if you have any questions.

**Personal Information**

**TODAY'S DATE:**

|                                |                                |                            |  |
|--------------------------------|--------------------------------|----------------------------|--|
| Name:                          |                                |                            |  |
| Address:<br>(City, State, Zip) |                                |                            |  |
| Home Phone:                    | Cell Phone:                    | Email Address:             |  |
| Alternate phone:               | Birth Date (Month & Day Only): | How did you hear about us: |  |

**For Volunteer Younger than 18, Only:**

|  |                        |
|--|------------------------|
| Name of your <b>Middle</b> or <b>High School</b> : | What grade are you in? |
|--|------------------------|

**For Volunteer in College**

|   |
|---|
| <b>Name of College/University:</b>                                |
| <b>Course of Study:</b>   |
| <b>Are you volunteering as part of your coursework? Yes or No</b> |

**Employment Information:**

|   |  |             |  |
|---|--|-------------|--|
| Are you Employed?<br><input type="checkbox"/> No <input type="checkbox"/> Yes $\Rightarrow$           | <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Looking for job <input type="checkbox"/> Retired <input type="checkbox"/> Student Job |             |  |
| Employer Name and Address:<br>(Please check to see if your employer will match your volunteer hours.) | Title:   |             |  |
|   | Work Phone:  | Work email: |  |

**Skills and Interests:**

|   |
|---|
| Languages (other than English):                           |
| Professional <b>Licensing</b> or <b>Degrees</b> you hold: |
| Hobbies/Interests/Special Skills:                         |
| Previous Volunteer Experience:                            |

Is there anything else you would like us to know about you?  No  Yes

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**Authorization:**

I understand if I am selected for a volunteer assignment I will need to provide additional background information.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**If under 18, signature of Parent or Legal Guardian required.**

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Background Investigation Authorization

Because the nature of our services requires us to work with vulnerable people, Community Rebuilders requires volunteers and staff that work with our consumers to undergo a background investigation, as a matter of policy.

I \_\_\_\_\_ Date of Birth: \_\_\_\_\_ give Community Rebuilders permission to check my criminal history with the Michigan State Police. I understand, and give permission to Community Rebuilders to contact my references and ask questions to verify the data provide in this application. I understand that Community Rebuilders will conduct a thorough investigation into my suitability for the applied volunteer position.

NOTE: A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining appropriateness of an individual to be a volunteer.

### Background Information:

|  |     |    |
|--|-----|----|
| Have you ever been convicted of a criminal Offense?        | Yes | No |
| Have you ever been charged with neglect, abuse or assault? | Yes | No |
| Driver's License Number or State ID:                       |     |    |

### References – List three references other than family members whom we might contact

| Name: | Address: | Phone Number: | Relationship: |
|-------|----------|---------------|---------------|
|       |          |               |               |
|       |          |               |               |
|       |          |               |               |

### Limitations:

|   |
|---|
| Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of functions? (Example: lifting a certain amount of weight or walking certain distances – Please explain |
| Allergies: Yes _____ No _____<br>If YES, please explain to what:  |
| Any information we should be aware of in an emergency:  |

I hereby certify that the information set forth in this volunteer application is accurate and complete. I understand that any misrepresentation or omissions on this application may be considered sufficient cause for rejection of this application.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# Volunteer Emergency Information

Who should we contact in the event there is an emergency?

|                             |  |
|-----------------------------|--|
| <b>Emergency Contact:</b>   |  |
| <b>Relationship to you:</b> |  |
| <b>Home Phone:</b>          |  |
| <b>Work Phone:</b>          |  |
| <b>Mobile Phone:</b>        |  |

|                                |  |
|--------------------------------|--|
| <b>Alt. Emergency Contact:</b> |  |
| <b>Relationship to you:</b>    |  |
| <b>Home Phone:</b>             |  |
| <b>Work Phone:</b>             |  |
| <b>Mobile Phone:</b>           |  |

Thank you for your interest in Community Rebuilders