

Benzie Senior Resources
Volunteer Registration

Current Name: _____ Birthdate: _____

Previous Name(s) (i.e. maiden): _____

Phone: _____ SS# _____

Driver's License # _____ Expiration Date: _____ (Please attach a copy)

Address: _____

Email Address: _____

References: (Please list two that are NOT relatives or Benzie Senior Resources employees)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

I, _____, hereby authorize the Benzie Senior Resources, 10542 Main St Honor, MI 49640, to make a request for my criminal history, for the purpose of evaluating the appropriateness of my participation as a volunteer.

Signature: _____ Date: _____

Witness Signature: _____

(A copy of this authorization holds the same force as the original.)

Volunteer Skills and/or Interests (Please check all that apply.)

Clerical:

- Typing
- Answering phones
- Filing/copying
- Labeling/stuffing envelopes
- Computer skills

Business:

- Fundraising
- Grant writing
- Public relations
- Public speaking
- Board member
- Planning

Artistic/Musical

- Visual arts
- Knitting
- Crocheting
- Sewing
- Graphic Arts
- Dance
- Theater/drama
- Photography
- Musical instrument

Transporting:

- Meal delivery
- Dr. appointments

Manual:

- Carpentry/woodworking
- Gardening
- Building repairs

Misc:

- Kitchen work
- Dining room work
- Friendly visitor

Benzie Senior Resources
Volunteer Registration

CONTINUE ON BACK

Other Skills: _____

Days and hours available: _____

How did you hear about this volunteer opportunity? _____

Do you go away for the winter? No Yes If yes, when? _____

Volunteer Confidentiality Acknowledgment

I _____ as a volunteer of the Benzie Senior Resources (BSR) hereby agree to protect the confidentiality of all the clients served by the BSR. I will make every effort to abide by the confidentiality policies of the BSR. I understand that any breach or violation of this agreement will be considered grounds for reprimand and/or dismissal.

Volunteer Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Benzie Senior Resources
Volunteer Registration

Benzie Senior Resources Contact for Background Check

I, _____ HEREBY AUTHORIZE **Benzie Senior Resources** to perform a check of background including:

- Any driving records
- Any educational and/or employment/work history
- Personal references
- ICHAT State of Michigan Police background check (This information will include but not be limited to allegations and convictions for crimes committed upon minors)
- Any other police and/or agency records to the extent permitted by state and federal law
- Michigan Public Sex Offender Registry (PSOR)

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from certain job role considerations. I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of the **Benzie Senior Resources**. I further hereby hold harmless agency and/or its representatives from any actions which may be taken upon receipt of this information.

Print Name

Date

Signature _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(Please Print Legibly)

Last Name

First Name _____ Middle Name

Maiden Name/Alias _____

Address _____

City/State/Zip _____

Date of Birth

Benzie Senior Resources
Volunteer Registration

Email Address (required) _____

Driver's License Number # _____ Expiration Date _____ or

Michigan ID # _____ = _____ Expiration Date _____

Race _____ Gender _____

Social Security Number # (required) _____

- **Please check here if you would like a copy of your background results emailed to you**