



UNDERGROUND RAILROAD, INC.

SAFETY \* EMPOWERMENT \* CHANGE ...For victims & families of domestic violence & sexual assault

## VOLUNTEER SERVICES APPLICATION CHECKLIST

Before you send in your application, please make sure you have done the following:

- Call the Volunteer Coordinator to discuss your interests and volunteer opportunities
- Complete, sign and date the application (pgs 1-3)
- Sign the Consent to a background check form (pg 4)
- Complete, sign and date Intellicorps and I-Chat background check form (pg 5)
- Complete, sign and date the Department of Human Services (DHS) form (pg 6)
- Include your social security number on the DHS form
- Include a check or money order for \$9.95 (+ \$2.95 for each additional name held for the past 20 years) for the background check fees
- Include a copy of your driver's license
- Include 3 references. Remember, we can't use family as a reference.



You may receive paperwork from DHS in the mail. Please *bring it with you* when you come to your volunteer orientation!

*Volunteer orientation* is the last part of the application process and is mandatory. They are held from 2:00 p.m. – 5:00 p.m. the second Friday of every month, as needed. Students, please note that orientation and training meetings **WILL** count toward your required hours for class.

Orientation and Training Location: 1230 S. Washington, Saginaw (URR Shelter)

Thank you!

We look forward to meeting you and having you volunteer at  
Underground Railroad, Inc!

Submit your application at one of the following locations:

### Underground Railroad Administration Offices

5647 State St, Ste A

Saginaw, MI 48603

(behind our resale shop, by Cartridge World)

### Under the Rainbow Resale Shop

5647 State Street

Saginaw, MI 48603

Feel free to call if you have any questions!

989-399-0007, ext. 105



UNDERGROUND RAILROAD, INC.

## VOLUNTEER SERVICES APPLICATION

*Please print*

Date of application: _____
Placement: _____

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
Street Address/Apt: _____ City _____ State/Zip _____		
Home Phone (    ) _____	Email: _____	
Cell Phone (    ) _____	School District: _____	

Employer	Emergency Contact		
Business	Name		
Contact Person	Address		
Address	City, State, Zip		
City, State, Zip	Work Phone: (    )		
Phone (    )	Cell Phone: (    )		

**REFERENCES:** Because of the sensitive nature of our work, we request three personal or professional references. Please do not list members of your family. Thank you.

Date Called/ Complete <input type="checkbox"/>	Name	Address	Phone

Have you ever been convicted of anything other than a minor traffic violation? If yes, please explain.	No	Yes
Do you currently have any felony charges pending against you? If yes, please explain.	No	Yes
Is it necessary for you to limit your activity in any way? If yes, please explain. What can we do to accommodate you?	No	Yes
Are you receiving or have you received services from us? If yes, please explain. Date of Service: (please list month and year)	No	Yes
Are you volunteering for community service hours or university credit? Which school? How many hours?	No	Yes

Year \_\_\_\_\_

**Placement**

\_\_\_\_\_

Community Service

Age 18 or older? Y / N

University:

Fall

Winter

Spring

Summer

Hours needed:

< 10

20

40

Intern

*Note: Gray squares to be filled in by Underground Railroad office staff. Thank you!*

## VOLUNTEER SERVICES APPLICATION

### Volunteer Experience:

At what other agencies have you volunteered? What is the agency's primary function?

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Briefly explain what type of work you did:

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### Volunteer Areas of Interest (Please select all that apply)

- Public Education/Community Outreach:** Help with community and agency events, distribute materials in the community, and represent Underground Railroad at health fairs and other events.
- Special Events/Fundraisers:** Work on and at specific fundraisers and events, such as the Advocates for Change Luncheon, LUNAFEST, Domestic Violence Vigil, Chocolate Lovers, and Walk a Mile in Her Shoes.
- Under the Rainbow Resale Shop:** Assist staff in sorting donations, staff the sales floor, create window and store displays, pick up donated items, repair small appliances, light cleaning, aid in listing and monitoring items on eBay.
- Shelter/Crisis Line:** Help residential advocates assist shelter guests with basic needs in communal living setting, respond to callers for general support and crisis intervention, conduct phone assessments.
- Childcare:** Assist in licensed day care with basic needs of children, meals, reading and play time.
- Advocacy/Counseling (Individual or group):** Provide support and crisis counseling for walk-in and scheduled guests/survivors, assist with housing case management, provide referrals for survivors as needed, facilitate group counseling sessions and programs. *\*For Professional Internships only.*
- SafePlace:** Assist staff with supervised visitations and safe exchanges by escorting children to and from visitation area, monitoring visits and security equipment, and documenting activities.
- Legal/Court Support:** Assist attorney and program participants with paperwork and information regarding community resources, personal protection orders, victim's rights, and support clients in court appearances.
- Maintenance:** Various maintenance needs inside and outside the shelter, such as painting, gardening, and maintaining backyard landscaping.
- Administrative:** Assist with phones, file, seasonal mailings, computer needs, organize and archive URR newsletter, media clippings, event materials, etc.

☺ Note your specific skills and talents: \_\_\_\_\_

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### Vehicle Use:

Do you own a car? \_\_\_\_ No \_\_\_\_ Yes

If yes, would you be able to use the car for volunteer purposes? \_\_\_\_ No \_\_\_\_ Yes

### For URR use:

Copy of license on file: \_\_\_\_\_

Copy of proof of insurance on file: \_\_\_\_\_

## VOLUNTEER SERVICES APPLICATION

**Please specify your purpose for wanting to volunteer at Underground Railroad?**

- Personal interest/Desire to give back  
 # of hours per week/  
 month desired \_\_\_\_\_
  
- Required Community Service  
 # of hours needed \_\_\_\_\_  
 How often do you  
 intend to volunteer \_\_\_\_\_
  
- Education Requirement  
 # of hours needed \_\_\_\_\_  
 Name of School/  
 College you attend \_\_\_\_\_  
 Name of  
 Class/Course \_\_\_\_\_  
 Deadline for  
 Completion \_\_\_\_\_
  
- Education/Professional Internship  
 # of hours needed \_\_\_\_\_  
 Program of Study \_\_\_\_\_  
 Length of time/  
 Deadline \_\_\_\_\_
  
- Other \_\_\_\_\_

### DAYS AND HOURS AVAILABLE

<b>Sunday</b>	From		To	
<b>Monday</b>	From		To	
<b>Tuesday</b>	From		To	
<b>Wednesday</b>	From		To	
<b>Thursday</b>	From		To	
<b>Friday</b>	From		To	
<b>Saturday</b>	From		To	

<b>How many hours would you like to volunteer?</b>	
Per day?	
Per week?	
Per month?	
Total?	

I affirm that the information provided on this application is true and complete. I hereby give my permission and authorize representatives of Underground Railroad, Inc. to investigate any or all of the statements I have made in this application. As a part of this application, I consent to allowing Underground Railroad, Inc. to conduct a criminal background investigation and to complete a reference check.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please mail application to:**  
 Underground Railroad, Inc.  
 Attn. Volunteer Coordinator  
 P.O. Box 2451  
 Saginaw, MI 48605  
 Phone: 989-755-0413 ext. 232  
 Fax: 989-755-3006

Underground Railroad Inc.  
**CONSENT FORM**

**PLEASE READ CAREFULLY BEFORE YOU SIGN.**

I, \_\_\_\_\_, agree and consent to allow the Underground Railroad, in Saginaw, Michigan to obtain federal, state, or local criminal records, public and non-public information, all records relating to my motor vehicle driving history and any other social or legal history including any records in the possession of federal, state or local social service agency, public or private, that may provide information regarding my qualifications to be a volunteer or paid staff member of the organization. **I agree to incur the costs of the background search.**

I also agree to waive any and all claims that such information is privileged or confidential but only to the extent that such information be used to determine my qualifications to be a volunteer or paid staff member of the organization and for no other purpose. Any dissemination or publication of the information obtained, either in writing or orally, for any reason or purpose beyond that to which I have agreed is not authorized and any legal rights or remedies for any injury or harm that occurs to me will be available to me. Except that I agree to hold harmless and to take no action, legal or otherwise of whatever kind or description against any public or private law enforcement agency or any other public or private agency, any of their agents, servants or employees who release information in the same form or manner that would otherwise be allowed by law and in reliance on this consent to the organization.

Any information that is received by the organizations shall be shared with me by the organization so that I may have an opportunity to clarify, explain or otherwise defend my record and actions that may have occurred which are revealed by the information obtained by the investigation.

I have read this consent form and understand what it means. I freely and voluntarily agree to sign this consent with the understanding that some or all of the information may not necessarily be available to the organization without this Consent. I also understand that I may be giving up some legal rights and privileges that I may have.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

LAST NAME	FIRST NAME	MIDDLE
BIRTH NAME (please see below)		PREVIOUS NAMES (please see below)

STREET ADDRESS	
CITY	ZIP

PREVIOUS ADDRESS	
CITY	EMAIL ADDRESS

DATE OF BIRTH	SOCIAL SECURITY NUMBER		
DRIVERS LICENSE NUMBER	ISSUING STATE	RACE	SEX

SIGNATURE	DATE
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WITNESS	DATE
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**With your application, please include a check for \$9.95 plus \$2.95 for each previous name made payable to Underground Railroad, Inc.**

Please list all names held for the past 20 years	Fee	Please record and add all fees
Current last name	\$9.95	
Previous last name	\$2.95	
Previous last name	\$2.95	
	<b>Total</b>	

Date received \_\_\_\_\_ Check Number \_\_\_\_\_ Staff \_\_\_\_\_

INTELLICORPS \_\_\_\_\_ I-CHAT \_\_\_\_\_ DHS \_\_\_\_\_

## REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan

Michigan Department of Human Services

**INSTRUCTIONS:** Complete the following information and submit request to your **LOCAL** Department of Human Services (DHS) Office. See [www.michigan.gov/canregistryclearance](http://www.michigan.gov/canregistryclearance) for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birth date	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known (Maiden Name/Former Names)		

**Indicate below how you want to receive the results of the central registry clearance:**

I would like the results mailed to the address on my picture identification.

**IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.**

I would like to pick up the results from the local DHS office.

**IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.**

I would like the results mailed to:

Employer/Potential Employer  
Underground Railroad, Inc.  
5647 State St, Ste A  
Saginaw, MI 48603

Volunteer Agency  
Underground Railroad, Inc.  
5647 State St, Ste A  
Saginaw, MI 48603

**IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY, RESULTS WILL BE MAILED TO YOU INSTEAD.**

**\*\*\*\* A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED\*\*\*\***

Signature of Requestor	Signature of DHS Staff Person Completing Request
AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627J RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, or hearing, etc, under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.