

Thank you for your interest in West Midland Family Center

In order to fulfill WMFC's mission, it takes many, many individuals to come together to serve the people in our community. Volunteers are paramount in this endeavor.

We would be delighted to speak with you about how we can partner together to improve the lives of area families and individuals.

1. Complete the attached application.
2. Return it to W.M.F.C. in one of the following ways: In person Mail Email
3. Once your application has been received, you will receive a phone call from West Midland Family Center's Connect & Serve Coordinator, Helen Roth, to set up a time to discuss in more detail how you might become a part of WMFC's family.
4. Take the attached DHS Request for Clearance Registry form to your county's Department of Human Services Office. Once DHS has processed your clearance, it will be mailed either to you or WMFC. (This can take a week or two.)
We must have the completed form on file before you may begin.
5. WMFC will obtain background information of any criminal activity using ICHAT (Internet Criminal History Access Tool).

If you have any questions in the meantime, please give me a Call at (989)832-3256 or email at rothh@wmfc.org.

We look forward to working together with you.

Helen Roth
Connect & Serve Coordinator
West Midland Family Center
4011 W. Isabella Rd. (M-20)
Shepherd, MI 48883





Connect & Serve

Adult Candidate Application

4011 W. Isabella Rd. (M-20) (989)832-3256 wmfc.org

Last Name _____		First _____	Initial _____
Alias _____		Maiden Name _____	
Address _____		Male _____	Female _____
Birthdate ____/____/____	Daytime phone () _____ Evening phone () _____		
Cell phone () _____		Email address _____	
Best time to be reached _____		Preferred choice of contact: Email Home Work Cell	

Driver's License # _____ Expiration Date _____
Endorsements: ____Chauffer's license ____CDL-Passenger ____CDL-School Bus

Current Employer or School	
Name _____	Phone _____
Address _____	
If retired, from where _____	
Highest Grade Completed ____GED ____High School ____Assoc. ____B.A. ____M.A. ____D.O.	
Degree(s)/Major(s) _____	

Age Category: ____18-24 ____25-55 ____56-64 ____65 & over

Physical limitations or medical restrictions/allergies _____
Emergency Contact Person _____ Phone _____

How you heard about WMFC _____
Your reason for volunteering _____
Time commitment desired: ____1 time event ____weekly ____monthly ____seasonally ____ongoing

Number of hours you wish to volunteer (if specific) _____

Days and times available: _____

Date you would like to start _____

Date you need to have completed _____

Type of volunteer experiences you might be interested in _____

What you hope to gain or learn from this experience _____

Interests Skills Hobbies



List some of your favorite activities _____

Check volunteer areas that you are interested in or have skills in:

___ Young Children

___ Elementary

___ Teens

___ College age

___ Adults

___ Seniors

___ Families

___ Food Pantry

___ Education

___ Tutoring

___ Social Work

___ Parent Education

___ Clerical

___ Computers

___ Cooking

___ Clothing Room

___ Reading

___ Writing

___ Arts & Crafts

___ Carpentry/Construction

___ Handyman Skills (list) _____

___ Sports (list) _____

___ Business or Professional skill(s)-(list) _____

___ Special Events/One time Events _____

___ Other (list) _____

WE 
VOLUNTEERS

I agree to allow West Midland Family Center to request verification from the Michigan State Police regarding possible criminal history.

I also agree to secure from the Michigan Department of Human Services, a DHS Clearance, stating that I have not been named in a central registry case as the perpetrator of child abuse or child neglect. *See separate sheet.

Signature: _____ Date _____

Please return application to Helen Roth, Connect & Serve Coordinator

West Midland Family Center Code of Conduct

*For age definitions, see end-note

1. Staff and volunteers are required to report any suspicion of child abuse to the proper authorities and are required to read and sign all policies relating to identifying, documenting, and reporting child abuse and attend prevention training.
2. Staff shall not abuse children or use corporal punishment of any kind. This includes physical abuse, verbal abuse, sexual abuse, mental abuse, or neglect. Any type of abuse will not be tolerated and is cause for dismissal.
3. Staff and volunteers will respect all program participants' rights to not be touched in ways that make them feel uncomfortable. A child's right to say "No" is to be encouraged and respected. Other than diapering, young children are not to be touched in areas of their bodies that would be covered by a bathing suit. This also applies to all other participants.
4. To protect WMFC staff, volunteers, and program participants, WMFC program representatives should not be alone with a single young child where the staff person or volunteer cannot be observed by others through line of vision or camera view.
 - Discretion, based on: 1). Specific circumstance, 2). Age of a program participant and 3). Licensing requirements will determine the level of supervision required for participant safety. It is the right *and* the responsibility of *all* WMFC staff members to protect the children in our care.
5. Staff and volunteers will make sure a restroom is not occupied before allowing young children to use the facilities. Staff will stand in the doorway while young children are using the restroom. If staff or volunteers are assisting preschool children, doors to the facility must remain open.
6. In pairs, staff will (this is not an appropriate activity for volunteers) conduct and supervise private activities (diapering, putting on bathing suits, showering). If working in pairs is not feasible, staff should be positioned so that they are visible to others.
7. Staff and volunteers will use appropriate touch. Excellent examples include: pats on the back or shoulder, side hugs, handshakes, and high fives. Staff and volunteers will refrain from, touching of personal areas, or patting of the buttocks.
8. Staff and volunteers will use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism.
9. Staff and volunteers will not give gifts or special favors to one individual to the exclusion of others. Children and others may receive items required for daily living or as part of an overall giving program.
10. WMFC will provide an open, professional venue through which staff and volunteers may communicate with adult and/or youth patrons - aged 13 or older.
 - WMFC representatives will not use *any form* (professional or personal) of technology or social media to communicate with children under the age of 13.
11. Staff and volunteers will respond to children with respect and consideration and treat all children equally regardless of gender, race, religion, sexual identity, or culture.

12. Staff and volunteers will refrain from intimate displays of affection toward others.
 13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
 14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
 15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment is prohibited.
 16. Staff may not be alone with children they meet in WMFC programs at functions outside of WMFC. This includes babysitting, sleepovers, and inviting children to their home. Any exception will require the signature of both adult parties and a written explanation on the Staff and Parent or Guardian Disclosure Form. This information must be submitted before the fact and will be subject to administrator approval.
 17. Staff members are not to transport young children in their own vehicles.
 18. Staff members may not date program participants under the age of 18.
 19. Under no circumstance should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian through a written parent authorization on file with WMFC.
- ✓ I have read and understand the WMFC Code of Conduct. I agree to adhere to the principles addressed therein. Additionally, I agree to file a WMFC incident report if I am ever put in a situation that causes me to be in a position of non-compliance with any of these statutes.

Signature _____ Date _____

***Definition of Age Categories**

Note: When an activity is stated as inappropriate to one age-group it is therefore accepted as inappropriate to all younger age ranges as well.

Adult = 21+ years

Young Adult = 18-20 years

Children = anyone who is not an adult or young adult (an overarching category)

Teen = 13- 18 years

Youth = 10-13 years

Young children = 5-10 years

Preschool age = 3-4 years

Toddler = 18 months - 3 years

Infant = 0-18 months

2/26/2015

**CONSENT TO VOLUNTEER AND
RELEASE, LIABILITY WAIVER, AND INDEMNITY AGREEMENT**

In consideration of volunteering for the West Midland Family Center, the undersigned volunteer and, if the volunteer is a minor, the volunteer's parent or legal guardian, agrees as follows:

1. Full Release and Liability Waiver. In exchange for allowing me/my child to volunteer for the West Midland Family Center, I do hereby release and waive any claims, lawsuits, and causes of action against the West Midland Family Center and the West Midland Family Center's officers, directors, agents, representatives and employees (hereinafter collectively referred to as "WMFC") for any damage, injury, expenses, or loss arising in any way out of my volunteering for WMFC

2. Full Release and Liability Waiver on Behalf of Minor. If I am signing as the parent/legal guardian of a minor volunteer, I understand and agree that my child will be volunteering for WMFC and, on behalf of myself and my child, I hereby release WMFC from liability or death that results from the inherent risks of that activity.

3. Indemnity Agreement. I hereby agree to indemnify, hold harmless, and/or reimburse WMFC, and all other released parties, from and for any and all liability, claims, and expenses (including attorney fees) asserted or incurred as a result of damage, injury, or loss arising in any way out of my or my child's volunteering for WMFC.

4. Voluntary Participation. I understand that my association with WMFC is voluntary and there is no requirement that I/my child participate(s). I also understand that WMFC has rules which govern and may restrict the activities in which I may participate and I agree to abide by such rules.

5. Assumption of Risks. I understand the inherent risks involved in volunteering for WMFC. I expressly assume the risk of and accept full responsibility for, any and all injuries (including death) and accidents that might occur as a result of my volunteering for WMFC. WMFC makes no representation or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by WMFC. I understand that WMFC does not provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety, my own health care needs and expenses, and for the protection of my property.

6. Voluntary Agreement. I have voluntarily signed this agreement. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon WMFC. This Agreement shall be binding upon me, my successors in interest, and/or any person (s) suing on my behalf.

7. Use of Image. I consent that any photographs, videos, or other pictures taken of me may be used by WMFC and its agents and I waive my right to any compensation.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE. THIS AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY LAW AND IF ANY PORTION IS HELD INVALID, THE REMAINDER SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant Signature Participant Age: _____ Date Signed: _____

Participant Name (Printed) Email Address

Participant Address City State Zip Code Phone Number

Parent or Guardian Signature* Date Signed _____
(*if Participant is 17 years of age or younger) Parent or Guardian Name (Printed)*

CENTRAL REGISTRY CLEARANCE REQUEST
Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in _____ County (For Michigan Residents Only).			

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney			
Name of Agency or Organization West Midland Family Center		Name of Requester Helen Roth	
Address 4011 W. Isabella Rd	City Shepherd	State MI	Zip Code 48883
Email Rothh@wmfc.org	Fax 989-832-5755	Phone Number 989-832-3256	
Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.			
This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.			
The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.			
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.			

INSTRUCTIONS FOR FILLING OUT THE DHS-1929

Michigan Department of Health and Human Services

Michigan residents requesting clearance on themselves (You must possess a Michigan identification) Complete section one and sign the form in the box provided. Include a copy of your Michigan picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your DHS-1929 form with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

Michigan agencies, schools, preschool, daycare providers, employers and volunteer agencies

The person being cleared completes section one, signs the form and adds a copy of their picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit the DHS-1929 with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

Individuals outside of Michigan

For out of state Individuals requesting clearance on themselves, complete section one and sign the form. Include a copy of your state picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

Agencies, schools, preschool, daycare providers, employers and volunteer agencies outside of Michigan

For out of state agencies, the person being cleared completes section one, signs the form and adds a copy of their state picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

Out-of-State Adoption and Foster Home Screening

Please access our website at www.michigan.gov/MDHHS and follow the instructions for submitting an outstate request for adoption and foster home screening. For questions contact 517-284-9740.

Michigan Camp Volunteers and Employees (All Types)

Please contact the Department of Licensing and Regulatory Affairs, Bureau of Community Health Systems at 866-685-0006 or www.michigan.gov/lara
Submit completed form BCHS-camp 001 (Rev 1/16) to the address on the form.

Outstate government agencies requesting information, please access our website at www.michigan.gov/DHHS follow the links to child abuse and neglect or call 517-241-9794.

If a person is listed on central registry the results will only be sent to the individual at the address on their photo identification.

County	Address	Phone	Fax
Alcona	410 E. Main St. Harrisville MI 48740	989-724-9000	989-362-6629
Alger	234 W. Baraga Ave, Marquette 49855 (Courthouse Annex)	906-628-7002	906-387-4710
Allegan	3255 122nd., Ste. 300 Allegan, MI 49010	269-673-7700	269-673-7795
Alpena	711 W. Chisholm St., Alpena, MI 49707	989-354-7200	989-354-7242
Antrim	203 E. Cayuga St., PO Box 316, Bellaire, MI 49615	231-533-8664	231-533-8740
Arenac	3709 Deep River Rd., Standish, MI 48658	989-846-5500	989-846-4365
Baraga	108 Main St., PO Box 10, Baraga, MI 49908	906-353-4700	906-353-8415
Barry	430 Barfield Dr., Hastings, MI 49058	269-948-3200	269-948-4101
Bay	1399 W. Center Rd., Essexville, MI 48732	989-895-2100	989-895-2494
Benzie	448 Court Plaza Govt. Ctr., PO Box 114, Beulah, MI 49617	231-882-1330	231-882-9078
Berrien	401 Eighth St., PO Box 1407, Benton Harbor, MI 49023	269-934-2000	269-934-2115
Branch	388 Keith Wilhelm Dr., Coldwater, MI 49036	517-279-4200	517-278-5346
Calhoun	190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016	269-966-1284	269-966-2837
Cass	325 M-62, Cassopolis, MI 49031	269-445-0200	269-445-0298
Charlevoix	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Cheboygan	827 S. Huron St., Cheboygan, MI 49721	231-627-8500	231-627-8546
Chippewa	463 East 3 Mile Rd., Sault Ste. Marie, MI 49783	906-635-4100	906-635-4173
Clare	725 Richard Dr., Harrison, MI 48625	989-539-4260	989-539-4200
Clinton	105 W. Tolles Rd., St. Johns, MI 48879	989-224-5500	989-224-3896
Crawford	230 Huron Grayling, MI 49738	989-348-7691	989-348-2838
Delta	305 Ludington St., Escanaba, MI 49829	906-786-5394	906-786-5350
Dickinson	1401 Carpenter Ave. Ste. A, Iron Mountain, MI 49801	906-779-4100	906-774-2775
Eaton	1050 Independence Blvd., Charlotte, MI 48813	517-543-0860	517-543-2125
Emmet	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Genesee	125 E. Union St., PO Box 1628, Flint, MI 48501	810-760-2550	810-760-2745
Gladwin	675 E. Cedar Ave., Gladwin, MI 48624	989-426-3300	989-426-3353
Gogebic	301 E. Lead St., Bessemer, MI 49911	906-663-6200	906-663-6230
Gd Traverse	701 S. Elmwood Ste.19, Traverse City, MI 49684	231-941-3900	231-941-0037
Gratiot	201 Commerce Dr., Ithaca, MI 48847	989-875-5181	989-875-2811
Hillsdale	40 Care Dr., Hillsdale, MI 49242	517-439-2200	517-439-0015
Houghton	47420 State Hwy. M-26 Ste. 62, Houghton, MI 49931	906-482-0500	906-487-7726
Huron	1911 Sand Beach Rd., Bad Axe, MI 48413	989-269-9201	989-269-9875
Ingham	5303 S. Cedar St., Lansing, MI 48911	517-887-9400	517-887-9500
Ionia	920 E. Lincoln, Ionia, MI 48846	616-527-5200	616-527-1849
Iosco	2145 E. Huron Rd., East Tawas, MI 48730	989-362-0300	989-362-6629
Iron	337 Brady Ave., PO Box 250, Caspian, MI 49915	906-265-9958	906-265-6390
Isabella	1919 Parkland Dr., Mt. Pleasant, MI 48858	989-772-8400	989-772-8460
Jackson	301 E. Louis Glick Hwy., Jackson, MI 49201	517-780-7400	517-780-7160
Kalamazoo	427 E. Alcott St., Kalamazoo, MI 49001	269-337-4900	269-337-5179
Kalkaska	503 North Birch St., Kalkaska, MI 49646	231-258-1200	231-258-4482
Kent	121 Franklin St. SE, Ste. 200, Grand Rapids, MI 49507	616-248-1000	616-248-1059

County	Address	Phone	Fax
Keweenaw	3616 Highway US-41, PO Box 351, Mohawk, MI 49950	906-337-3302	906-337-1131
Lake	5653 S. M-37, Baldwin, MI 49304	231-745-8159	231-745-2930
Lapeer	1505 Suncrest Dr., Lapeer, MI 48446	810-667-0800	810-667-0795
Leelanau	701 S. Elmwood Ste. 19, Traverse City, MI 49684	231-941-3900	231-941-0037
Lenawee	1040 S. Winter St. Ste. 3013, Adrian, MI 49221	517-264-6300	517-264-6357
Livingston	2300 E. Grand River Ste. 1, Howell, MI 48843	517-548-0200	517-548-0298
Luce	500 W. McMillan, Newberry, MI 49868	906-293-5144	906-293-3857
Mackinac	199 Ferry Lane, Saint Ignace, MI 49781	906-643-9550	906-643-7467
Macomb	44777 North Gratiot, Ste A, Clinton Township, MI 48036	586-469-7700	586-346-9888
Macomb	13041 E. 10 Mile Rd. Warren, MI 48089	586-427-0600	586-427-0668
Macomb	41227 Mound Rd. Ste. A, Sterling Heights, MI 48314	586-254-1500	586-254-8029
Manistee	1672 US 31 South, Manistee, MI 49660	231-723-8375	231-398-2106
Marquette	Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855	906-228-9691	906-228-3393
Mason	915 Diana St., Ludington, MI 49431	231-845-7391	231-843-1430
Mecosta	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Menominee	2612 10th St., Menominee, MI 49858	906-863-9965	906-863-7426
Midland	1509 Washington, Ste. A, Midland, MI 48641	989-835-7040	989-835-7597
Missaukee	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Monroe	903 S. Telegraph, Ste. A, Monroe, MI 48161	734-243-7200	734-243-1660
Montcalm	609 N. State, PO Box 278, Stanton, MI 48888	989-831-8400	989-831-8496
Montmorency	13210 M-33, Atlanta, MI 49709	989-785-4218	989-785-2302
Muskegon	2700 Baker St., PO Box 4290, Muskegon Heights, MI 49444	231-733-3700	231-733-3872
Newaygo	1018 Newell, PO Box 640, White Cloud, MI 49349	231-689-5500	231-689-5586
Oakland	51111 Woodward Ave., Pontiac, MI 48342	248-975-5700	248-975-5550
Oceana	4081 W. Polk Rd., Hart, MI 49420	231-873-7251	231-873-3803
Ogemaw	444 E. Houghton Ave., West Branch, MI 48661	989-345-5135	989-345-4688
Ontonagon	408 Cooper St., Ste. B, Ontonagon, MI 49953	906-884-4951	906-884-6323
Osceola	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Oscoda	200 W. Fifth St., Mio, MI 48647	989-826-4000	989-826-3961
Otsego	931 S. Otsego Ave., Gaylord, MI 49735	989-732-1702	989-732-8715
Ottawa	12185 James St. Ste. 200, Holland, MI 49424	616-394-7200	616-395-5526
Presque Isle	164 N. Fourth St., Rogers City, MI 49779	989-734-2108	989-734-2767
Roscommon	715 S. Loxley Rd., Houghton Lake, MI 48629	989-366-2300	989-366-2304
Saginaw	411 E. Genesee, PO Box 5070, Saginaw, MI 48605	989-758-1100	989-758-2710
St. Clair	220 Fort St., Port Huron, MI 48060	810-966-2000	810-966-2025
St. Joseph	692 E. Main St., Centreville, MI 49032	269-467-1200	269-467-1229
Sanilac	515 S. Sandusky Rd., Sandusky, MI 48471	810-648-4420	810-648-4432
Schoolcraft	Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855	906-341-2114	906-341-2110
Shiawassee	1720 E. Main St. Ste. 1, Owosso, MI 48867	989-725-3200	989-725-3308
Tuscola	1365 Cleaver Rd., Caro, MI 48723	989-673-9100	989-673-9209
Van Buren	57150 CR 681, Hartford, MI 49057	269-621-2800	269-621-2927

County	Address	Phone	Fax
Washtenaw	22 Center St., Ypsilanti, MI 48198	734-481-2000	734-481-8386
Wayne North	13233 Hamilton Ave., Highland Park, MI 48203	313-852-1700	313-852-1891
Wayne South	1801 E. Canfield Detroit, MI 48207	313-578-5500	313-578-5392
Wayne West	27540 Michigan Ave., Inkster, MI 48141	313-931-6400	313-931-6439
All Wayne	Visit www.michigan.gov/mdhhs for all offices		
Wexford	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Outstate	PO Box 30037, Ste. 510, Lansing, MI 48909-7537	517-373-6028	517-763-0280