



Where Transition Begins!

VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Interests: Please tell us in which areas you are interested in volunteering

- Answering Phones
- Open Week Kitchen Help
- Cleaning
- Sorting Donations
- Computer Lab
- Other _____

Any special talents or skills you have that you feel would benefit our organization?

Do you have any physical limitations? _____

Please indicate availability below:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							

Emergency Contact Information:

Name: _____ Phone: _____

Relationship: _____

Signature: _____ Date: _____

ACKNOWLEDGEMENT AND WAIVER OF LIABILITY

The undersigned Employee/Volunteer acknowledges and states the following:

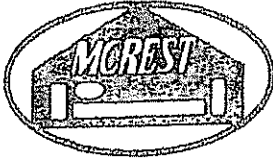
1. Their employment or volunteering is being done freely and voluntarily.
2. They understand that during their employment or volunteering with MCREST that there is the possibility they may be exposed to infectious diseases or viruses, including COVID-19.
3. They acknowledge that MCREST has COVID-19 policies in place which follow CDC and MIOSHA guidelines to reduce the possibility of transmission of COVID-19 and agree to follow all such guidelines while working or volunteering for MCREST, at the office or any other location where employment or volunteer services take place.
4. Employee/Volunteer knowingly and freely assumes all such risks related to possible illness and infectious diseases and COVID-19, including any injury, harm or loss caused by such illness(es).
5. Employee/Volunteer hereby releases, waives, and forever discharges MCREST from any and all liability, claims and demands of whatever kind or nature against MCREST, resulting from the contraction of any illness, infectious disease, virus, including, but not limited to COVID-19.

I have read and understood the above Acknowledgement and Waiver of Liability and I am freely and voluntarily signing the document and agree to be bound by its terms.

Date: _____

Signature

Print Name



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Criminal Background Check Authorization

I, _____, authorize the Macomb County Rotating Emergency Shelter Team to complete a background check for informational purpose only. I understand that criminal background checks will be performed with the following agencies:

- OTIS – Offender Tracking Information System
- The Michigan Public Sex Offender Registry
- The National Sex Offender Public website

Please complete the following information:

Name:		Date of Birth:	
Address:	City:	State:	Zip:
List any other names used:			
Social Security #:	Male	Female	Driver's License #:

I, _____, have resided in the State of Michigan consistently for the past 10 years.

I, _____, have NOT resided in the State of Michigan consistently for the past 10 years and by signing below affirm and attest that I have also resided in the State of _____, and have never been convicted of a crime, misdemeanor or felony of any kind.

I further authorize MCREST to perform a criminal background check with law enforcement reporting agencies to verify this statement.

Guest Signature

Date

MCREST agrees to use the confidential information obtained from all criminal background checks for informational purposes only.

For Office Use Only:

_____ A background check was completed in OTIS and the Michigan and National Sex Offenders Registry for this client.



Staff/Intern/Volunteer Confidentiality Statement

As a staff/intern/volunteers, I will meet guests of MCREST. Federal law requires that MCREST insures confidentiality of any current or past guests.

1. Disclosing any and all information about our guests is strictly prohibited.
2. Any information that you may hear is to be kept confidential, including identity of any guest staying at your congregation/hotel and the services he/she is receiving.
3. Photography of any guest is prohibited.
4. Direct posts that mention MCREST are strictly prohibited on any social network

I will respect the decisions of executive staff, case managers, policies and procedures of the MCREST program.

As a staff, intern and or volunteer I have read and understand all the statements above and will comply with all guidelines/polices of MCREST.

Signature

Print Signature

Date

MCREST Code of Conduct/Confidentiality Agreement

No volunteer, contractor or paid staff member shall:

1. Authorize the use or use for the benefit of advantage of any person, the name, logo, endorsement, services or property of MCREST except in conformance with MCREST policy and with permission from the Executive Director.
2. Accept or seek on behalf of himself/herself of any other person, any financial advantage or gain of other than nominal value offered as the result of the volunteer or paid staff member's MCREST affiliation.
3. Publicly utilize any MCREST affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the position of MCREST/
4. Disclose any confidential MCREST information that is available solely as a result of volunteer or paid staff member's affiliation with MCREST to any person not authorized to receive such information or use to the disadvantage of MCREST, any such confidential information without the express permission of MCREST.
5. Disclose any confidential MCREST client information that would be available solely as a result of volunteer or paid staff member's affiliation with MCREST to any person outside of the paid staff member's or affiliated agency positions.
6. Associate on a personal level with any client until they have been out of the MCREST program for one year. In the instance of CAP clients, it is one year from the date of their final outcome assessment.

By signing below, I am agreeing to the confidentiality statements above as part of the MCREST Code of Conduct.

Signature

Date

MCREST Staff Signature

Date