



Joy-Southfield Community Development Corporation, Inc.

18917 Joy Road Detroit, MI 48228 Phone: 313-581-7773 Fax: 313-581-7793

Health & Wellness Center

This information form is to be completed by all volunteers who are applying for any position involving potential contact with vulnerable individuals*. This form will be used to help the health and wellness center to provide a safe and secure environment for those who participate in our programs and use our facilities. All information provided is kept confidential and secure.

*You may have contact with minors and/or vulnerable adults when volunteering with Joy-Southfield Community Development Corporation.

PERSONAL

DATE: _____ INTEREST: _____

NAME: _____

Identity must be confirmed with a state driver's license or other photographic identification.

DATE OF BIRTH _____

ADDRESS: _____

City, State, Zip: _____

PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

EMAIL: _____

Have you lived or worked outside of Michigan? No Yes

WHAT STATE: _____ WHEN _____

Date: _____

Signature (must be signed by applicant)
