



**The Joy-Southfield
Community Development Corporation, Inc.**

**Health & Education Center
Community Service and Student Application**

This information form is to be completed by all students who are applying for community service or volunteer positions which may involve contact with minors or vulnerable adults. This form will be used to help the health center to provide a safe and secure environment for those who participate in our programs and use our facilities. All information is kept confidential and secure.

Type of work: _____ Number of hours needed: _____

PERSONAL

DATE: _____ DATE OF BIRTH: _____

NAME: _____

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

OTHER NAMES USED: _____

ADDRESS: _____

City, State, Zip: _____

County: _____ How long at this address? _____

If less than 5 years, Previous address: _____

Have you lived or worked outside of Michigan?

What States and dates? _____

HOME PHONE NUMBER: (____) _____ CELL PHONE NUMBER: (____) _____

EMAIL _____

Best Days and times for volunteering: _____

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____

Have you had any drug/alcohol related violations in the past 5 years? _____

If yes, please list offense, date and result. _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain: _____

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO A CRIME INVOLVING CHILDREN YOUTH OR VULNERABLE ADULTS? No Yes (If yes, please explain. Attach a separate page.)

Has your current employer or school done a background check? No Yes

If yes, do you know the results? _____

EDUCATION

HIGH SCHOOL: _____ GED? No Yes

COLLEGE/TECHNICAL SCHOOL: _____

PROFESSIONAL DEGREE: _____ Anticipated Graduation/Completion: _____

PERSONAL REFERENCES (not former employers or relatives)

1. NAME: _____
ADDRESS: _____
TELEPHONE: (____) _____

2. NAME: _____
ADDRESS: _____
TELEPHONE: (____) _____

Applicant Authorization and Consent for Release of Information

PLEASE READ CAREFULLY

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of the attached application is true and complete to the best of my knowledge. I understand that any false statement provided by me will be considered as cause for possible dismissal. All results of the research into my background will be proprietary and kept confidential. The information obtained will not be provided to any parties that are not part of the hiring decision.

This Authorization and Consent for Release acknowledges that Joy-Southfield Community Development Corporation may now conduct a verification and/or screening of my Previous Employment, Education, Driving Record, References, Tenancy, and/or any Criminal History Record information pertaining to me that may be in the files of any Federal, State, or Local Criminal Justice agency in any State, Territory, Possession, or Jurisdictional Area of the United States of America, or other Nations or Countries. I acknowledge by my signature below that volunteering with Joy-Southfield Community Development Corporation is contingent upon satisfactory background verification.

I have read and understand this release and consent, and I authorize the background search. I authorize persons, current and former employers, and other organizations and agencies to provide all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge Joy-Southfield Community Development Corporation, their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my application was denied based on information obtained, and to receive upon written request, a disclosure of the public record information and of the nature and scope of the background screening report.

Applicant's Full Name (print): _____

Social Security Number: _____ Date of Birth: _____

Driver's License # and State: _____

Current Street Address: _____

City: _____ State & Zip: _____

Phone Number: _____

Signature (electronic signature is acceptable if indicated as such) Date: _____