



Volunteer Application

Thank you for your interest in volunteering with the Hispanic Center of Western Michigan.

Please read entire application. Once completed please return to the Hispanic Center:

1204 Grandville Avenue SW – Grand Rapids – MI – 49503

P:616-742-0200 – F:616-742-0502

vgiles@hispanic-center.org

Today's Date: _____

General:

First Name: _____ Last Name: _____

Address: _____

Street

City

State

Zip Code

Birthdate: _____

Gender: ☐ Male ☐ Female

E-Mail Address: _____

Phone Number: _____

Are you 18yrs old or Older? ☐ Yes ☐ No

License #: _____

State Issuing ID: _____

Ethnicity:

Are you Hispanic? ☐ Yes ☐ No

Race:

African American ☐

Asian/Pacific Islander ☐

Caucasian ☐

Native American ☐

Other ☐

Availability: (List below the hours you are available to volunteer)

Saturday: From _____ AM/PM To: _____ AM/PM

Monday: From _____ AM/PM To: _____ AM/PM

Tuesday: From _____ AM/PM To: _____ AM/PM

Wednesday: From _____ AM/PM To: _____ AM/PM

Thursday: From _____ AM/PM To: _____ AM/PM

Friday: From _____ AM/PM To: _____ AM/PM

Sunday: From _____ AM/PM To: _____ AM/PM

Start date: _____ Anticipated End Date: _____ Total Number of Hours: _____

Education:

School Name: _____ State: _____

Group Affiliation(s): (Fraternity, Sorority, Clubs) _____

Education Level:

In Middle School____ Some High School____ HS Diploma or Equivalent____
Some college____ Associate's/2yr Degree____ Bachelor's Degree____
Master's Degree____ Ph.D. or Higher____.

Years Attended: _____ Graduation Date: _____ Course of Study: _____

Language Ability:

Language(s) Fluently Spoken: _____

Language(s) you can fluently read and write: _____

Employer:

Employer: _____ Job Title: _____

Supervisor Name: _____ Supervisor Title: _____

Supervisor Phone: _____ Year(s) with company: _____

References:

Name (1st Reference): _____ Relationship: _____

Phone: _____

Name (2nd Reference): _____ Relationship: _____

Phone: _____

What type of volunteer experience would this be considered?

___ Community Volunteer ___ Court-ordered Community Service ___ High School Credit
___ (SOL) Member ___ Non-mandated Community Service ___ College/University Service Learning
___ Experience for Resume (Minimum of 100 hrs. required) ___ SOL Member Parent Other: _____

Which volunteer positions or areas interest you? (Check all that apply)

___ Tutoring High School Students	___ Hispanic Festival	___ Community Outreach
___ Marketing/Video Projects	___ ESL Classroom Assistant	___ Special Events
___ Facilitating Computer Workshops	___ Clerical/ Data Entry	___ Front Desk
___ Mentoring of Youth (6 months or longer)	___ Latin Extravaganza	___ Project Hope
___ Website Support	___ Family Services	___ Women's Support Group
___ Child Care	___ Other	

What experience do you hope to gain from your volunteer experience at the Hispanic Center? _____

I have personal and / or professional experience in the following:

<input type="checkbox"/> Instructor/Teacher	<input type="checkbox"/> Computer Skills/Technology (Circle what applies)
<input type="checkbox"/> Clerical/Data entry/Accounting (circle one)	<input type="checkbox"/> Microsoft Word
<input type="checkbox"/> Marketing or Customer Service	<input type="checkbox"/> Microsoft PowerPoint
<input type="checkbox"/> Microsoft Publisher	<input type="checkbox"/> Public Speaking and Recruiting
<input type="checkbox"/> Design: Flyers, Brochures, Pluggers, etc.	<input type="checkbox"/> Website development and/or maintenance

How did you hear about this volunteer opportunity at the HCWM? (This helps our marketing strategy)

<input type="checkbox"/> HCWM Website	<input type="checkbox"/> Radio/Newspaper Ad: _____
<input type="checkbox"/> School Teacher: _____	<input type="checkbox"/> United Way 2-1-1 Volunteer Solutions
<input type="checkbox"/> Agency: _____	<input type="checkbox"/> Friend/Relative: _____
<input type="checkbox"/> Other: _____	

I am required to sign in upon my arrival, wear a volunteer name tag, report to my assigned HCWM staff, and sign out upon my departure. _____ Initial

As a volunteer, I understand that I am required to read, sign, and abide by the Hispanic Center of Western Michigan confidentiality, conflict of interest, and non-compete policy. _____ Initial

As a volunteer, I understand that I cannot advertise, sell products and/ or promote any personal and/ or non-personal business agency. _____ Initial

I understand that although I am volunteering my time and efforts, I must commit my schedule or make my assigned HCWM staff member aware of any schedule changes. _____ Initial

I understand that I am required to meet the HCWM's dress code policy: _____ Initial

In Case Of Emergency:

Name: _____ Address: _____
Phone#: _____ Relation to Volunteer: _____
Allergies: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein, I authorize the references listed above to give you any and all information concerning my previous employment, and I release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that, if my contracted services are utilized, I will be a contracted employee. Utilization of my services will be for no definite period, and I am not guaranteed any hours. I also understand and agree that, at any time, the utilization of my services may be terminated without prior notice and without cause.

Signature

Date



Background and Criminal History Authorization

1204 Grandville Ave. S.W. * Grand Rapids, Michigan 49503 * Phone (616) 742-0200 * Fax (616) 742-0205

Please submit a government approved picture ID with this application.

If you have any questions on how to fill out this application, please contact Deisy Madrigal (616) 742-0200

Date: _____ Driver's Lic. #: _____ State Issued: _____

Last Name: _____ First Name: _____ Mi: _____

Maiden and/or Other Names Used: _____

Current Address: _____ Apt. #: _____

City, County, State, and Zip: _____

Date of Birth: _____ Gender: M F

E-Mail Address: _____

Ethnicity: Are you Hispanic ☐ Yes ☐ No

Race: African American ☐ Asian/Pacific Islander ☐ Caucasian ☐

Native American ☐ Other ☐

I, _____, hereby authorize the Hispanic Center of Western Michigan and its authorized staff, representative, or contractor to conduct investigations of my background whether the records are of public, private, or confidential nature; with any or all pertinent agency, agencies, corporations, organizations and private people under the Fair Credit Reporting Act 15, USC section 1681 et seq.

I understand that these searches/investigations will be used to determine work assignment or employment eligibility under the organizations employment policies. Therefore, I authorize the consent of full release of records (either orally or in writing) to the authorized representative of the organization. In addition, I release and discharge the organization and its agents, members, or employees to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint filed with any organization arising from retrieving and reporting of this information.

Please be truthful, honest and answer all questions to the best of your knowledge. If, you answer yes to any question please provide an explanation.

1. Have you ever been convicted of or plead guilty to any federal, state, or municipal criminal offense?
(Excluding minor traffic citations) YES NO

If yes, please provide details: _____

2. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If yes, please provide details: _____

3. Do you have any pending criminal charges against you? YES NO

If yes, please provide details: _____

Please list all addresses you have resided at in the past 7 years:

Street Address	City	State	Dates Resided
Street Address	City	State	Dates Resided
Street Address	City	State	Dates Resided

Street Address	City	State	Dates Resided
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Street Address	City	State	Dates Resided
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Street Address	City	State	Dates Resided
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Street Address	City	State	Dates Resided
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I hereby certify that all information provided in this authorization is true, accurate and complete to the best of my knowledge. I understand that if any information is inaccurate or omitted, my employment application may not be considered for further employment eligibility.

Applicant (Print Name) _____

Applicant Signature _____ Date: _____

For office use only:

Notes:

- ☐ ICHAT
- ☐ OTIS
- ☐ 61st District
- ☐ MPSOR(Michigan sex offender registry)
- ☐ NPSOR(National sex offender registry)
- ☐ County

Staff Signature: _____

Date: _____

- ☐ The individual has been deemed eligible for employment consideration.
- ☐ The individual has been deemed ineligible for employment consideration after review of background/criminal check.

Decision made by: _____