

OPENING DOORS THROUGH EDUCATION  
A program of West Michigan Refugee  
Education & Cultural Center

Please complete application and return  
to:

Opening Doors Through Education  
8200 Amelia Dr.  
Jenison, MI 49428

VOLUNTEER APPLICATION

Application Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

May we send you information regarding Opening Doors Through Education? YES NO

What is the best way and time to contact you? \_\_\_\_\_

Are you 18 years of age or older? YES NO

What is your faith community, school or work affiliation? (Optional) \_\_\_\_\_

Is volunteering a requirement for a class? YES NO  
If yes, school \_\_\_\_\_ class \_\_\_\_\_ instructor \_\_\_\_\_

Is volunteering a requirement for a service program? YES NO  
If yes, program name \_\_\_\_\_ contact \_\_\_\_\_

Are there any requirements on the type of work you need to do? (Supervised, direct contact with children,  
clients, etc.) \_\_\_\_\_  
\_\_\_\_\_ How many hours do you need to fulfill? \_\_\_\_\_

How did you hear about our Volunteer Program and why are you interested in volunteering for our agency?  
\_\_\_\_\_  
\_\_\_\_\_

Which statement best fits the type of time commitment you would like to make?  
\_\_\_\_\_ I am hoping to volunteer on a regular schedule  
\_\_\_\_\_ I would like to volunteer for a short time, I would like to give \_\_\_\_\_ hours.  
\_\_\_\_\_ I cannot volunteer on a regular schedule but would like to help as needed, perhaps helping with  
special events, mailings, substitute driver, or special pickups.

In which program are you interested in helping? Circle all that apply.  
Teaching/Tutoring    Transporting Children    Cleaning    Other

Please indicate availability

**After School Program with Children**

2:30 pm to 6 pm (circle days available)    M    T    W    Th    F

How often are you available? \_\_\_\_\_

Please list any special skills (math, English, computers, etc) you have that you think would be helpful in enhancing our programming \_\_\_\_\_  
\_\_\_\_\_

What areas within Grand Rapids would you like to drive? NE NW SE SW

**Adult Education**

\_\_\_\_\_9:00 am to noon weekdays (circle days available) M T W Th F

Please list any special skills (math, English, computers, etc) you have that you think would be helpful in enhancing our programming \_\_\_\_\_  
\_\_\_\_\_

Please list previous volunteer and/or work experience:

Location \_\_\_\_\_ Type of work \_\_\_\_\_

Location \_\_\_\_\_ Type of work \_\_\_\_\_

References *(Please list previous volunteer experience, or employment references. If none, list personal references)*

Name of Person	Name of Organization or Relationship	Mailing Address

Whom should we contact in case of emergency?

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phones \_\_\_\_\_ / \_\_\_\_\_

**Statement of Confidentiality**

This statement is to acknowledge that I am fully aware of my responsibility to protect the confidential nature of all information pertaining to individuals who are receiving, or have received, service from Opening Doors Through Education or Somali Bantu Community of West Michigan. I recognize that I may not divulge any identifying information to any outside individual or organization without the express, written consent of the individual involved and only in accordance with the procedures stipulated in agency policy statements and guidelines in this regard.

**Receipt of Opening Doors Through Education**

I confirm and acknowledge that I have received, read, understood and agree to comply with the "Volunteer Program Policies".

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Criminal Record Check (ICHAT) and  
Sex Offender Registry Inquiry

THE SEARCH IS FOR STATE OF MICHIGAN RECORDS ONLY.

Date \_\_\_\_\_

<b>*Last name</b>	<b>*First name</b>	<b>Middle initial</b>

<b>*Race</b>	<b>*Sex</b>	<b>*Month of birth</b>	<b>*Day of birth</b>	<b>*Year of birth</b>

<b>Social Security Number</b>	<b>Michigan driver license or state identification number</b>
	OR

<b>Other last name</b>	<b>Other first name</b>	<b>Other middle initial</b>

<b>Other last name</b>	<b>Other first name</b>	<b>Other middle initial</b>

<b>Other last name</b>	<b>Other first name</b>	<b>Other middle initial</b>

\* Required information

**Authorization**

I understate that investigative inquiries into my background are to be made to assess my suitability for volunteer placement. By signing below, I authorize the Somali Bantu Community of West Michigan or its representatives to verify any of the information I have provided, and conduct a check of records and/or references with the appropriate individuals and/or organizations. I authorize any of them to release such information to the Somali Bantu Community of West Michigan or representatives and from any liability whatsoever as a result of inquiries or disclosures related to my background or character. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting background investigations.

Signature \_\_\_\_\_

# OPENING DOORS THROUGH EDUCATION

## A program of the Somali Bantu Community of West Michigan

*Please complete reference check  
and return to:*

Opening Doors Through Education  
8200 Amelia Dr  
Jenison, MI 49428

### VOLUNTEER REFERENCE FORM

*Top portion to be completed by the volunteer*

Date \_\_\_\_\_

I authorize release of reference information:

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

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Name of Reference \_\_\_\_\_

Current Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to person \_\_\_\_\_

Length of time reference has known person \_\_\_\_\_

Capacity reference has know person \_\_\_\_\_

Rate the person using a scale of 1 to 5 with 5 being the highest:

Dependability \_\_\_\_\_

Professionalism \_\_\_\_\_

Honesty \_\_\_\_\_

Please comment on the strengths of the person

Please comment on the weaknesses of the person

Other comments about the Volunteer Candidates background and abilities

Our organization is involved with providing services to at-risk seniors, families and children. Is there anything about this person or this person's background that we should be aware of?

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Reference Signature

Print Name

Date