



VOLUNTEER/MENTOR APPLICATION

Please note; this application is for volunteers 18 years of age or older. If you are an interested volunteer under the age of 18, please contact the Volunteer Services Department for further instruction.

Dear Potential Volunteer,

Thank you for your interest in volunteering and/or interning with Alternatives For Girls! Within the following pages you will find the paperwork necessary for becoming an Alternatives For Girls (AFG) Volunteer. All of the attached pages must be fully completed before you can begin volunteering with AFG. This paperwork includes the following:

- ✓ Basic Two Page Application
- ✓ Volunteer Opportunities Choice List
- ✓ Hours of Availability
- ✓ Mentor Match Questions (Only complete if applying for to be a Mentor)
- ✓ Mentor Screening Questionnaire (Only complete if applying to be a Mentor)
- ✓ Three reference forms
- ✓ Confidentiality Agreement
- ✓ Authorization and Release for AFG to obtain your criminal history report
- ✓ Authorization and Release for AFG to obtain your motor vehicle report
- ✓ Driver's pledge (Depending on your volunteer placement, you may be required to be an eligible driver. Please contact the Volunteer Department if you have any questions.)
- ✓ Vehicle usage form
- ✓ Central Registry Clearance Form (**Please take or mail this form to your local Department of Human Services office. If you visit a same-day site results will be given to you. Otherwise, the results will be mailed to the Volunteer Department.** If you have had one in the last three months, a copy is acceptable.) This is to verify that you don't have any child abuse or child neglect charges against you.
- ✓ A TB Test is also required. A voucher is enclosed. If you have documentation of test results within the last year, please submit it. Otherwise, please take the form to one of the listed sites.
- ✓ List of Orientation Dates

At a minimum, the two page application must be completed and submitted before or on the day of your New Volunteer Orientation. Please do not hesitate to contact our Volunteer Office for a more thorough explanation if something is not clear.

Paperwork can be submitted via email, fax, US Postal Service or by dropping them off to our front desk and requesting they be placed in the Volunteer Office mailbox.

We look forward to seeing you at a New Volunteer Orientation soon.

Sincerely,

Jessica Rae Pate

Volunteer Services Manager

Alternatives For Girls

903 West Grand Blvd.

Detroit, MI 48208

Phone: (313) 361-4000 x248

Fax: (313) 361-8938

volunteering@alternativesforgirls.org

Individual Volunteer Opportunities

(Please rate your top three interests using 1 as the highest interest and 3 for least interested.)

Mentor

The Mentor serves as a positive role model for an assigned individual participant, usually an adolescent, meeting twice a month/two hours each time to engage in recreational/ educational activities. **Hours vary**

After-School Program Assistant (During the school year only)

Assist with afterschool program for elementary through high school aged youth. Opportunities include: Translators, Driving Assistants, and Food Preparation Assistance. **Hours: T-Th 1 – 9 p.m. depending on specific role**

Rise N' Shine Assistant (Summer program only)

Assists with preparing and organizing activities for summer youth camp. Activities include weekly field trips, arts and crafts, writing and theater. **Hours: T-Th 9 a.m. – 3 p.m.**

Child Development Time

Work with children ages 0-5 years old doing age appropriate activities, including reading and arts and crafts to develop their motor skills. **Hours: M 10 a.m. – 12 p.m., 3-5 p.m, or 6-8 p.m. W 11 a.m – 1 p.m, 6-8 p.m**

Front Desk Greeter/Receptionist

Answer phones, direct guests to appropriate departments and programs, admitting guests into building. **Schedule varies, but daytime hours are available.**

Project Assistant

This is a non-direct service opportunity, assisting with coordinating resources or projects behind the scenes. **Hours vary.**

Resource Center Worker

Serves as a listening ear and conduit of information about resources inside and outside of AFG. The volunteer will answer the phone and assist any walk-ins seeking assistance. **Hours: Daily 9 a.m. – 9 p.m.**

New Choices Project Workshop Facilitator/ Support Services Facilitator

Facilitate workshops to develop skills/ coping mechanisms/ emotional stability of participants. Topics can include but are not limited to self-esteem, harm reduction, nutrition, safety, money management, governmental benefit explanation, and others. **Hours: M, T 11 a.m – 3 p.m.**

Street Outreach Volunteer

Participate in street outreach to high-risk adolescents and girls and women involved in sex work. Outreach workers employ a harm reduction approach to addressing the risks of unprotected sex, drug use, violence and illegal activities. They engage contacts in conversation, offer material assistance and referral information. Volunteers will either work alongside veteran volunteers, staff, or peer educators (young and adult women who are representatives of the target population). Volunteers receive extensive training pertinent to their chosen type of street outreach. **Hours: W, Th 6:30 – 10:30 pm**

Tutor (During the school year only)

Provide tutoring to girls and young women, while developing rapport and relationships with many young women. Topics range from Reading, Science, Math and History. **Hours: T, W, Th 3:30-5 p.m.**

Other (Please explain what you would like to do if it is not listed above)

Alternatives For Girls' Volunteer Application

Name _____ Today's Date _____

Address _____

City, State, _____ Zip _____

Email Address _____

Birthdate _____ Gender _____

Home phone _____ Cell phone _____

Work phone _____ Can you be contacted at work? Yes ___ No ___

Emergency Contact & Relationship to you _____ Phone _____

Do you have any relatives that are current AFG employees or members of the AFG Board of Directors? If yes, please provide their name. _____

AFG conducts Criminal Background checks. Have you been convicted of a crime (anything other than a minor traffic violation) within the last ten years? _____

Are there any felony charges pending against you? _____

Driver's License # _____ Do you have your own transportation? _____

**Do you plan to drive for AFG? _____ If yes, do you chose to drive your personal vehicle? _____

**If you are applying for an internship with Alternatives For Girls, or if you are applying to volunteer with our Street Outreach or Mentoring Program, you are required to become an eligible driver. This involves; signing the necessary paperwork included in this packet, and passing a driving background check. As an eligible driver, you are not necessarily required to drive your own vehicle.

Race/Ethnicity _____ (for background checks only)

Experience

Current Job and/or School _____

**If you are currently a student, please include the type of degree you are seeking.

Education/Special Training _____

Volunteering _____

Please list the languages you speak or read or write (Including English) _____

Hobbies/ Special Interests _____

Agency Information

How did you find out about Alternatives For Girls (Please be as specific as possible)? _____

In what capacity are you interested in AFG's Volunteer Program?

Volunteer ___ Mentor ___

What are the factors that motivated your interest in joining AFG's Volunteer Program? _____

What personal, professional, experiential, or other skills and/or resources would you offer to AFG as a Volunteer?

What do you expect from your volunteer experience? _____

Have you been involved with an organization that serves girls and/or young women? If yes, in what capacity?

What kind of time commitment can you make? (Please list specific days and times if possible.) How long of a commitment do you think you can make at this time? **Please include times of availability.**

References

Please list the three references that you will give the reference forms to.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I understand that I need to meet with and attend New Volunteer Orientation training with the Volunteer Services Manager before I begin my internship or volunteer service. I also understand that I must comply with all of Alternatives For Girls' requirements prior to and during my volunteer service or internship.

I authorize Alternatives For Girls to investigate all of the statements in this application and authorize any person or entity named in the application to fully explain the circumstances of my statements. I understand that misrepresentation or omission of facts called for is cause for removal from the volunteer program.

Signature _____ Date _____

Office Use Only:

This volunteer/intern has completed all necessary paperwork and all clearances are in order. S/he is free to serve in the following departments:

Prevention _____ OES _____ Shelter/TIL _____ Administration _____ Support Ops _____ Development _____
Other _____

Staff Signature _____ Date _____

Hours of Availability

◇ Monday _____

◇ Tuesday _____

◇ Wednesday _____

◇ Thursday _____

◇ Friday _____

◇ Saturday _____

◇ Sunday _____

Goal(s):

Note: Please complete only if you are applying to be a mentor.

Mentor Match Questionnaire

Name: _____ Age: _____

Location: Detroit West Detroit East Detroit Southwest Other: _____

Transportation:

How many miles are you willing to travel to meet with your mentee? (Circle One)
less than 10 miles 10 miles 15 miles 20 miles 25 miles 30 miles

1. Have you ever mentored before? (Circle One) Yes No

2. Circle any of the words below that you think describes your personality:

Quiet	Shy	Nervous	Withdrawn	Adventuresome	Friendly	Happy
Outgoing	Fun	Moody	Calm	Confident	Insecure	Sad
Talkative	Sensitive	Understanding	Open	Spiritual	Confident	Laid Back

3. Why do you want to be a mentor?

4. How do you imagine your mentee/mentor relationship to be? What is the ideal relationship to have with him/her?

5. What are some concerns you have about your relationship?

6. I would rather mentor a (Circle one) Boy Girl

7. I would rather mentor Age (Circle one) 4-8 9-12 13-18

8. What times are best for you to meet/attend trainings? (Circle one in each category)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8-10a		Afternoon 11-2p		Late Afternoon 3-5p		Evening 6-10p

9. Do you sincerely feel that you are able to commit to a year? (Circle one) Yes No

Mentor Screening Questionnaire

Note: Please complete only if you are applying to be a mentor.

1. Has disciplinary action (of any sort) ever been taken against you by a licensing board, professional association, or educational/training institution?

2. Are there any complaints pending against you in any of the above named entities?

3. Have you ever had a civil suit brought against you relative to your professional work? If so, is the case currently pending?

4. Do you have a history of addiction of any sort (gambling, substances, etc.)? If so, please list.

5. Do you have a history of substance abuse with any illegal/recreational drugs, prescription drugs, over-the-counter drugs, or alcohol?

6. Have you ever been charged or convicted of allegations of domestic violence, abuse, etc.?

7. Have you ever had a restraining order, injunction, order of protection (or the like) issued against you because of allegations of domestic violence, abuse, etc.?

8. Have you ever been charged with, arrested, indicted for, pled guilty to, or convicted of a violent or non-violent felony, in the state or federal division, in any other state outside of Michigan?

9. Have you ever been charged with, arrested, indicted for, pled guilty to, or convicted of sexual misconduct including: abuse of power or role for sexual purposes, sexual contact with a minor or an adult incompetent to give consent, sexual assault (i.e. rape), solicitation for sexual purposes (i.e. commercial sex work), or an offense related to pornography or public indecency (i.e. indecent exposure) in any state outside of Michigan?

10. Have you ever been charged with, arrested, indicted for, pled guilty to, or convicted of misappropriating funds or otherwise violated trust/confidence agreements in any professional or personal capacity?

VOLUNTEER REFERENCE FORM

Volunteer Name: _____

1. What is your relationship to the applicant?
Employer _____ Pastor/Minister _____ Friend _____
Relative _____ Colleague _____ Other _____

2. How long have you known the applicant? _____

3. How would you rate the applicant in terms of his/her listening skills? (Circle one)
1 – Poor 2 – O.K. 3 – Above Average
Comments: _____

4. How would you rate the applicant's ability to verbally express thoughts and feelings? (Circle one)
1 – Poor 2 – O.K. 3 – Above Average
Comments: _____

5. How would you rate the applicant's ability to give and receive feedback? (Circle one)
1 – Poor 2 – O.K. 3 – Above Average
Comments: _____

6. On occasion, our volunteers may have to help clients resolve problems or concerns. How well does the applicant help others solve problems? (Circle one)
1 – Poor 2 – O.K. 3 – Above Average
Comments: _____

7. How would you describe the applicant's dependability and reliability?

8. Do you know of anything which would be detrimental in the applicant's ability to work with girls and young women in individual and /or group settings?

9. Do you believe the applicant can make a one-year commitment to volunteer at AFG? Yes _____ No _____

10. Based on your knowledge, do you believe the applicant would be a positive role model for our clients?

**** All responses are confidential and will be kept in a secure location. ****

Your _____ Name _____

Address _____

Phone # _____

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9. Do you believe the applicant can make a one-year commitment to volunteer at AFG? Yes _____ No _____

10. Based on your knowledge, do you believe the applicant would be a positive role model for our clients?

**** All responses are confidential and will be kept in a secure location. ****

Your Name _____

Address _____

Phone # _____



AGREEMENT OF CONFIDENTIALITY

I, _____, as a volunteer at Alternatives For Girls, agree to observe the following rules and regulations for the duration of my volunteer work at Alternatives For Girls and after I have ended my association as a volunteer:

1. No information regarding specific participants, i.e. names, addresses, etc., is to be divulged by me at any time for any reason except where required by policy and only under the directive of my supervisor.
2. No information that could result in the misuse of the Alternatives For Girls program is to be divulged by me at any time for any reason.

I acknowledge that I understand and agree to follow the above rules and regulations.

Volunteer

Date

AFG Volunteer Services Manager

Date



Authorization and Release to Obtain Information Criminal History Report

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit Alternatives for Girls (AFG) to obtain a criminal history report.

I agree that a copy of this authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as AFG from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I must request a copy of any criminal history report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize AFG to obtain a criminal history report as set forth above, as part of its investigation of my volunteer application. This authorization is valid as long as I am a volunteer or volunteer candidate. This authorization shall remain in effect over the course of my volunteer service. Reports may be ordered periodically during the course of my volunteer service by AFG.

Have you ever been convicted of any crime? If yes, please explain. _____

Full Name of Volunteer Applicant: _____

Date of Birth: _____

Please check (√) all that apply:

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Have you lived outside of the State of Michigan in the past 3 years (check one): Yes _____ No _____

Have you been a resident of the State of Michigan for the past 3 years (check one): Yes _____ No _____

I consent for the Michigan Department of State Police to conduct a criminal history check regarding me under Public Health Code Section 20173, and I agree to provide to AFG identification acceptable to the Michigan Department of State Police.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____



Authorization and Release to Obtain Information Motor Vehicle Report

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit Alternatives for Girls (AFG) to obtain a motor vehicle report.

I agree that a copy of this authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as AFG from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I must request a copy of any motor vehicle report from the consumer reporting agency that compiled the report, after I have provided proper identification.

The driving policy of AFG has been explained to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I hereby authorize AFG to obtain a motor vehicle report as set forth above, as part of its investigation of my volunteer application. This authorization is valid as long as I am a volunteer or volunteer candidate. This authorization shall remain in effect over the course of my volunteer service. Reports may be ordered periodically during the course of my volunteer service by AFG and/or Brownrigg Companies LTD.

Name of Volunteer Applicant: _____

(As it appears on the driver's license)

Driver's License Number: _____ Expiration Date: _____

Street Address: _____ City/State/Zip Code: _____

Date of Birth: _____

The motor vehicle report may be procured by Insurance Information Exchange, a division of AMS Services, Inc. and Brownrigg Companies LTD and may include my driving record, and assessment of my insurability under the Company's insurance coverage or other consumer reports.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____



Alternatives For Girls (AFG), a non-profit organization, helps homeless and high-risk girls and young women avoid violence, teen pregnancy and exploitation, and helps them to explore and access the support, resources and opportunities necessary to be safe, to grow strong and to make positive choices for their lives.

Driver Pledge

I, _____, am committed to safety. With the understanding that driving is a privilege, not a right, I agree to the following:

1. to comply with all driving laws and regulations, including seat belt, infant and child seating regulations, and all safety regulations;
2. to comply with all organizational policies and procedures and any direction offered by my supervisor and AFG leadership;
3. to immediately notify my supervisor (or designee) of any physical conditions, vehicle defects, and road conditions that might affect safety;
4. to immediately notify my supervisor (or designee) of any traffic citations received, even if given while driving on my personal time;
5. if involved in an accident, to use the designated reporting forms and to cooperate with the police, the insurer, its insurance adjusters and attorneys; and
6. to ensure that if I drive a personal vehicle on behalf of the organization, adequate insurance will always be in force.

Signature: _____ Date: _____

All statements become part of any future volunteer/intern/staff files.

AFG Personal Vehicle Usage

Alternatives For Girls (AFG) may require that an employee or volunteer operate his or her own personal vehicle on behalf of AFG. It is extremely important that every driver exercise good judgment and safe driving techniques, and drive properly maintained vehicles to ensure that the employee(s) or volunteer(s), passenger(s), and AFG are not unduly exposed to injury or liability from the use of vehicles. Before using a personal (non-AFG owned) vehicle on Alternatives For Girls' behalf for agency business, including but not limited to educational seminars, classes, errands, passenger or cargo pickup or delivery, etc., an employee or volunteer must submit proof of personal auto insurance and a current copy of the motor vehicle registration (MVR) and driving license to the Human Resources representative of AFG.

Employees and volunteers are responsible for damage to their own vehicles and should be aware that their insurance will be primary when they use their own vehicles on AFG business.

AFG is not responsible for injury or accidents for travel to or from work or a volunteer assignment. AFG is not responsible for collisions or vandalism to an employee's or volunteer's vehicle in any parking area where AFG provides parking space for employees or volunteers.

Please sign **one** of the following statements. Contact AFG if you have any questions.

Driver Authorization Request

Request for Authorization to Drive Personal Vehicle on Agency Business

In compliance with the above policy, I request permission to drive on agency business of Alternatives For Girls under the conditions indicated below:

I request authorization to drive my own vehicle on agency business. I am submitting a photocopy of the face page or proof of coverage of my automobile insurance, a current copy of my motor vehicle registration (MVR) and driving license along with this request. If I receive authorization to drive my own vehicle on behalf of (organization), I agree to never to drive on behalf of AFG if the above mentioned insurance coverage, MVR, and driving license is not valid and on my person. I realize that I am solely responsible for any damage to my vehicle or to other person(s) or property while I am operating my vehicle on agency business and that my own insurance will be primary. I agree to periodic driving record checks as deemed necessary by Alternatives For Girls or its insurance company.

Signature: _____ Date: _____

Prohibited From Driving Form

Acknowledgement that I Do Not Wish to Drive Personal Vehicle on Agency Business

At this time, my position at AFG does not require me to use my vehicle on agency business. I understand that before using my vehicle on behalf of AFG I must comply with the driving policies and practices, sign a Driver Authorization Request, and submit all required documents.

Signature: _____ Date: _____



Alternatives For Girls
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VOLUNTEER/MENTOR ORIENTATIONS 2018

The Volunteer/Mentor Application must be submitted prior to your orientation date.

Volunteer Orientations are from 10:00am – 12:00pm.

Mentor Orientations are from 12:00 p.m. – 2:00 p.m.

You must attend both if you are interested in being a mentor.

Volunteer Orientation Dates:

January 20 ~ February 24 ~ March 24

April 28 ~ May 26 ~ June 23

Mentor Orientation Dates:

February 24

*Pre-Registration is required. Please contact Jessica Rae Pate,
volunteering@alternativesforgirls.org (313) 361-4000 x248*

Department of Human Services

Macomb County Offices

<p>Macomb County 50 19700 Hall Rd. Ste. A Clinton Township, MI 48038 (586) 412-6100 (586) 412-6141 (fax)</p>	<p>Mt. Clemens District 12 21885 Dunham Rd., Ste. 7 Clinton Township, MI 48036 (586) 469-7700 (586) 783-8136 (fax)</p>	<p>Sterling Heights District 36 41227 Mound Rd., Ste. A Sterling Heights, MI 48314 (586) 254-1500 (586) 254-8029 (fax)</p>	<p>Warren District 20 27690 Van Dyke Ave. Warren, MI 48093 (586) 427-0600 (586) 427-0668 (fax)</p>
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Oakland County offices

<p>Oakland County 63 51111 Woodward Ave. Pontiac, MI 48342 (248) 975-5700 (248) 975-4855 (fax)</p>	<p>Madison Heights 30755 Montpelier Madison Heights, MI 48071 (248) 583-8700 (248) 583-8841 (fax)</p>	<p>Saginaw St. 235 N. Saginaw Pontiac, MI 48342 (248) 975-5200 (248) 451-1783 (fax)</p>
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Wayne County offices

<p>Cadillac Place 3040 W. Grand Blvd., Ste. 5-650 Detroit, MI 48202 (313) 456-1000 (313) 456-1218 (fax)</p>	<p>Conner Service Center 4733 Conner Detroit, MI 48215 (313) 926-8600 (313) 926-8377 (fax)</p>	<p>Hamtramck Woody Plaza 12140 Joseph Campau St. Hamtramck, MI 48212 (313)-892-0180 (313)-892-0614 (fax)</p>	<p>Glendale/Trumbull 396 Glendale Highland Park, MI 48203 (313) 456-1143 (313) 852-2186 (fax)</p>
<p>Grand River/Warren 5131 Grand River Detroit, MI 48208 (313) 361-7300 (313) 361-7525 (fax)</p>	<p>Grandmont Services 17455 Grand River Detroit, MI 48227 (313) 493-7801 (313) 493-7806 (fax)</p>	<p>Gratiot/ Seven Mile 14061 Lappin Detroit, MI 48205 (313) 372-6200 (313) 372-6297 (fax)</p>	<p>Greenfield/Joy 8655 Greenfield Detroit, MI 48228 (313) 943-5200 (313) 943-5230 (fax)</p>
<p>Greydale/Grand River 17330 Greydale Detroit, MI 48219 (313) 387-7100 (313) 387-7156 (fax)</p>	<p>Inkster 26355 Michigan Ave. Inkster, MI 48141 (313) 792-7700 (313) 792-7696 (fax)</p>	<p>North Central 13233 Hamilton Highland Park, MI 48203 (313) 852-1700 (313) 852-1891 (fax)</p>	<p>Southwest Service Center 2524 Clark Street Detroit, MI 48209 (313) 554-8300 (313) 554-8460 (fax)</p>
<p>South Central 1801 E. Canfield Detroit, MI 48207 (313) 578-5500 (313) 578-5392 (fax)</p>	<p>Taylor 25637 Ecorse Rd. Taylor, MI 48180 (313) 375-2500 (313) 375-2626 (fax)</p>	<p>Western Wayne 27540 Michigan Avenue, Inkster, MI 48141 313-931-6400 313-931-6439 (fax)</p>	

PLEASE DROP OFF AT THE DEPARTMENT OF HUMAN SERVICES

INSTRUCTIONS:

CENTRAL REGISTRY CLEARANCE REQUEST
Michigan Department of Human Services

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of **your local county DHS, access www.michigan.gov/dhs->Inside DHS.**
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE

SECTION 1
INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

SECTION 2
REQUESTOR INFORMATION

Please Check Appropriate Box

<input type="checkbox"/> Child Welfare Agency	<input type="checkbox"/> I would like to pick up my results in _____ county	<input type="checkbox"/> Employer
<input type="checkbox"/> Individual	<input type="checkbox"/> Law-Enforcement/Dept of Corrections	<input checked="" type="checkbox"/> Volunteer Agency
<input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI	<input type="checkbox"/> Out-of-State Adoption and Foster Home Screening	<input type="checkbox"/> Other _____

Name of Employer/Volunteer Agency/Individual Alternatives For Girls		Name of CPS/Law-Enforcement or Court	
Name Jessica Rae Pate		Title Volunteer Services Manager	
Address 903 W. Grand Blvd.	City Detroit	State MI	Zip Code 48208
Phone 313-361-4000	Fax 313-361-8938	E-mail volunteering@alternativesforgirls.org	Date

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.