

# VOLUNTEER *OR* INTERN 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 to volunteer with Alternatives For Girls (AFG)! Within this packet you will find the necessary paperwork to become an AFG Volunteer. **All forms, and items, requested below must be completed prior to volunteering or interning.**

- Basic Two Page Application
- Hours of Availability
- Volunteer Interest Form *or* Intern Preference Form
- Volunteer *or* Intern Reference Forms
  - Three (3) references are needed, and may be submitted along with the application, independently by each person, or online at [www.alternativesforgirls.org/volunteer](http://www.alternativesforgirls.org/volunteer).
- Agreement of Confidentiality
- Authorization and Release for AFG to obtain your Criminal History Report
- Authorization and Release for AFG to obtain your Motor Vehicle Report
- Driver Pledge to Safety
- Distracted Driving Agreement
- Personal Vehicle Usage Authorization
- Michigan DHHS Central Registry Request Form
  - MI DHHS Office Location Information
  - Please note, the completed form, along with a photocopy of your Driver's License, must be mailed, faxed, or submitted in-person to any Michigan Department of Health and Human Services office.

**In addition to this packet, the follow items are needed:**

- A photocopy of your Driver's License
- A copy of your Auto Insurance
- TB Test
  - A voucher will be issued upon submission of the Volunteer Application.

Once completed, the application may be submitted via email, mail, fax, or in-person at AFG. Please contact **Jessica Pate** with any questions regarding the application and/or new volunteer/intern process. Upon receiving your application, you will be contacted with next steps.

Sincerely,

*Jessica Rae Pate*

Manager, Volunteer Services  
Alternatives For Girls  
903 West Grand Blvd.  
Detroit, MI 48208  
Phone: (313) 361-4000 x248  
Fax: (313) 361-8938  
[volunteering@alternativesforgirls.org](mailto:volunteering@alternativesforgirls.org)



## 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)? \_\_\_\_\_

\_\_\_\_\_



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.**  
\_\_\_\_\_  
\_\_\_\_\_

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### References

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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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 \_\_\_\_\_

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#### 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 \_\_\_\_\_

## Individual Volunteer Opportunities

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

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### **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.**

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### **Parenting Workshop Facilitator**

The facilitator leads a 6 week parenting workshop for young women with children based on a predesigned curriculum. The facilitator would empower young women and provide the knowledge and skills they need to raise happy and healthy children. **Hours: Wednesday afternoons or Tuesday evenings**

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### **Afterschool Program Assistant/Driver (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**

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### **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**

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### **Front Desk Greeter/Receptionist**

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

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### **Project Assistant**

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

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### **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.**

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### **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.**

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### **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**

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### **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 3-5 p.m.**

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

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## Department Internship Preference

(Please rate only three top interests using 1 as the highest interest and 3 for least interested. You can still select even if you are only available for some of the days listed and not all the days. However, be sure to indicate your availability on the next page.)

### Administration

\_\_\_\_\_ This is a non-direct service opportunity, assisting with coordinating resources and services while developing projects behind the scenes. Hours: day, evening and afternoon **Schedule varies, but daytime hours are available.**

### 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 10-12 a.m., 3-5 p.m.; W 11-1 p.m., 6-8 p.m.**

### Outreach and Educational Services

\_\_\_\_\_ AFG's Outreach Program helps teens and women engaged in high-risk activities, such as street-based prostitution, drug use, and gang involvement, understand the risks and transition to safe choices and healthy lives.

Outreach's programs include:

- *Peer Education*, a youth leadership program that trains at-risk youth to reach out to other at-risk youth in the community. The teams focus on topics such as healthy relationships, HIV, homelessness, internet bullying, and making positive choices. **Hours: T-Th 5-8 p.m.**
- *Safe Choices Project*, a program that reaches out to girls and women involved in sex work to provide them with harm-reduction tools. New Choices, a component of Safe Choices, works with girls and women who want to exit sex trafficking and provides them with the skills they need to lead fulfilling lives. **Hours: M, T 11 a.m. – 3 p.m.; W, Th 6-10p**
- *Community Case Planning*, provides supportive services including a mentor, education and vocational program referrals for youth ages 14-25 who have a criminal offense as a juvenile. (Bachelor's Degree Required) **Hours: M-Th 10 a.m. – 6 p.m.**

### Prevention

\_\_\_\_\_ Prevention serves girls ages 4-18 who are at risk of pregnancy, gang involvement, substance abuse and school truancy.

Prevention's programs include:

- *After-school programs* for at-risk young women in elementary through high school **Hours: T-Th, 1 p.m. – 7 p.m.**
- *Rise N' Shine*, a fun educational summer camp for at-risk girls in southwest Detroit **Hours: M-F 9 a.m. – 3 p.m.**

### Resource Center

\_\_\_\_\_ Alternatives For Girls provides services for walk-in clients. Any member of the community in crisis may walk in to discuss their needs in private. Assist with determining whether the person is eligible for AFG services and/or make referrals to other organizations based on that person's needs. **Hours: Daily 9 a.m. – 9 p.m. (Shifts are in 4 hour increments: 9 a.m. – 1 p.m.; 1 p.m. – 5 p.m.; 5 p.m. – 9 p.m.)**

### Shelter

\_\_\_\_\_ AFG's Shelter Program provides a stable home, counseling, and life skills training to homeless young women aged 15-21 and their children. The goal is to empower them to lead productive and fulfilling lives. AFG's Shelter can house up to 30 young women and their children. In addition to providing homeless young women with a safe and stable place to stay, AFG also provides life skills classes, counseling and case planning services to those we serve—all with the goal of giving them the tools they need to lead fulfilling and independent lives. **Hours (for all programs listed below): W 5 p.m. – 8 p.m.; W 1 p.m. – 8 p.m.; Th 5 p.m. – 8 p.m.; Sat/Sun varies**

Shelter programs include:

- *Stepping Stones*, is designed for homeless and runaway young women ages 15-17 with the goal of family reunification
- *Emergency Shelter*, a program for homeless young women ages 15-21 and their children, with the goal of providing a short-term safe and stable environment until they can get back on their feet
- *Transition to Independent Living*, provides homeless young women with long-term shelter and life skills classes, case planning services, and counseling, with the goal of providing young women with the tools they need to be self-sufficient
- *Aftercare*, which provides continuing support to young women ages 15-21 that have moved out of our shelter as well as to youth who are homeless or are at risk of becoming homeless in the community



Hours of Availability

◇ Monday \_\_\_\_\_

◇ Tuesday \_\_\_\_\_

◇ Wednesday \_\_\_\_\_

◇ Thursday \_\_\_\_\_

◇ Friday \_\_\_\_\_

◇ Saturday \_\_\_\_\_

◇ Sunday \_\_\_\_\_

Goal(s):

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## VOLUNTEER REFERENCE FORM

Volunteer Name: \_\_\_\_\_

1. What is your relationship to the applicant?

Employer _____	Pastor/Minister _____
Friend _____	Colleague _____
Relative _____	Other _____

2. How long have you known the applicant? \_\_\_\_\_

3. In general, describe the applicant's relationship with others. \_\_\_\_\_

4. How would you rate the applicant in terms of his/her listening skills?

(Circle one)

1 – Poor      2 – O.K.      3 – Above Average

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How would you rate the applicant's ability to give and receive feedback?

(Circle one)

1 – Poor      2 – O.K.      3 – Above Average

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

9. 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? \_\_\_\_\_

\_\_\_\_\_

10. Do you feel the applicant is in the position to make a one-year commitment to Volunteering at AFG? \_\_\_\_\_

11. Based upon your knowledge of the applicant, do you feel that the applicant would be a positive role model for our clients? Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Please submit to Alternatives For Girls, ATTN: Volunteer Services**

- via email: [volunteering@alternativesforgirls.org](mailto:volunteering@alternativesforgirls.org)
- via mail: 903 W. Grand Blvd., Detroit, MI 48208
- via fax: (313) 361-8938



## INTERN REFERENCE FORM

Intern Name: \_\_\_\_\_

1. What is your relationship to the applicant?  
Employer \_\_\_\_\_ Pastor/Minister \_\_\_\_\_ Professor \_\_\_\_\_  
Supervisor \_\_\_\_\_ 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. 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 # \_\_\_\_\_

Please address to: Volunteer Services Manager  
Alternatives For Girls  
903 W. Grand Blvd. Detroit, MI 48208  
(313) 361-8938  
volunteering@alternativesforgirls.org



## 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/Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.

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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: \_\_\_\_\_

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***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.***

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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.*

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### **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.*



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## **Distracted Driving Policy**

**Please read the Distracted Driving Policy, sign and return to your supervisor.**

In order to increase employee safety and eliminate unnecessary risks behind the wheel, Alternatives For Girls (AFG) has enacted a Distracted Driving Policy, effective immediately. We are committed to ending the epidemic of distracted driving, and have created the following rules, which apply to any person operating a company vehicle (vehicle leased or owned), personal vehicle on company business, or using a company-issued cell phone while operating a vehicle:

- AFG drivers may not use a hand-held cell phone while operating a vehicle – whether the vehicle is in motion or stopped at a traffic light. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, and reading or responding to emails, instant messages, and text messages.
- If drivers need to use their phones, they must pull over safely to the side of the road or another safe location.
- Additionally, drivers are required to:
  - Turn cell phones off or put them on silent or vibrate before starting the car.
  - Consider modifying voice mail greetings to indicate that you are unavailable to answer calls or return messages while driving.
  - Inform clients, associates and business partners of this policy as an explanation of why calls may not be returned immediately.

**I will obey all State of Michigan driving laws and regulations (including use of appropriate seat belts) as well as follow this policy of AFG. I will notify my supervisor of any traffic citations (even those received on my personal time). Failure to comply may result in termination of driving privileges, and/or disciplinary action up to and including termination.**

I acknowledge that I have received a written copy of the Distracted Driving Policy, that I fully understand the terms of this policy, that I agree to abide by these terms, and that I am willing to accept the consequences of failing to follow the policy.

I further agree, that Alternatives For Girls has my permission to obtain/performance and driving record check if I am assigned to drive a vehicle owned/leased/operated by Alternatives For Girls.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

MI Driver License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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## 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: \_\_\_\_\_

# CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

## SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in		County (For Michigan Residents Only).	

## SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization <b>ALTERNATIVES FOR GIRLS</b>	Name of Requester <b>JESSICA RAE PATE</b>		
Address <b>903 W GRAND BLVD</b>	City <b>DETROIT</b>	State <b>MI</b>	Zip Code <b>48208</b>
Email <b>JPATE@ALTERNATIVESFORGIRLS.ORG</b>	Fax <b>(313) 361-8938</b>	Phone Number <b>(313) 361-4000</b>	

**Employers/Volunteer Agencies** will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

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.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.



# INSTRUCTIONS FOR FILLING OUT THE DHS-1929

Michigan Department of Health and Human Services

**Michigan residents requesting clearance on themselves** (You must possess a Michigan identification) Complete section one and sign the form in the box provided. Include a copy of your Michigan picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your DHS-1929 form with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

**Michigan agencies, schools, preschool, daycare providers, employers and volunteer agencies** The person being cleared completes section one, signs the form and adds a copy of their picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit the DHS-1929 with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

## **Individuals outside of Michigan**

For out of state Individuals requesting clearance on themselves, complete section one and sign the form. Include a copy of your state picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

## **Agencies, schools, preschool, daycare providers, employers and volunteer agencies outside of Michigan**

For out of state agencies, the person being cleared completes section one, signs the form and adds a copy of their state picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

## **Out-of-State Adoption and Foster Home Screening**

Please access our website at [www.michigan.gov/MDHHS](http://www.michigan.gov/MDHHS) and follow the instructions for submitting an outstate request for adoption and foster home screening. For questions contact 517-284-9740.

## **Michigan Camp Volunteers and Employees (All Types)**

Please contact the Department of Licensing and Regulatory Affairs, Bureau of Community Health Systems at 866-685-0006 or [www.michigan.gov/lara](http://www.michigan.gov/lara)  
Submit completed form BCHS-camp 001 (Rev 1/16) to the address on the form.

Outstate government agencies requesting information, please access our website at [www.michigan.gov/DHHS](http://www.michigan.gov/DHHS) follow the links to child abuse and neglect or call 517-241-9794.

If a person is listed on central registry the results will only be sent to the individual at the address on their photo identification.

County	Address	Phone	Fax
Alcona	2145 E. Huron Rd., East Tawas, MI 48730	989-362-0300	989-362-6629
Alger	413 Maple St., Munising, MI 49862	906-387-4440	906-387-4710
Allegan	3255 122nd., Ste. 300 Allegan, MI 49010	269-673-7700	269-673-7795
Alpena	711 W. Chisholm St., Alpena, MI 49707	989-354-7200	989-354-7242
Antrim	203 E. Cayuga St., PO Box 316, Bellaire, MI 49615	231-533-8664	231-533-8740
Arenac	3709 Deep River Rd., Standish, MI 48658	989-846-5500	989-846-4365
Baraga	108 Main St., PO Box 10, Baraga, MI 49908	906-353-4700	906-353-8415
Barry	430 Barfield Dr., Hastings, MI 49058	269-948-3200	269-948-4101
Bay	1399 W. Center Rd., Essexville, MI 48732	989-895-2100	989-895-2494
Benzie	448 Court Plaza Govt. Ctr., PO Box 114, Beulah, MI 49617	231-882-1330	231-882-9078
Berrien	401 Eighth St., PO Box 1407, Benton Harbor, MI 49023	269-934-2000	269-934-2115
Branch	388 Keith Wilhelm Dr., Coldwater, MI 49036	517-279-4200	517-278-5346
Calhoun	190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016	269-966-1284	269-966-2837
Cass	325 M-62, Cassopolis, MI 49031	269-445-0200	269-445-0298
Charlevoix	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Cheboygan	827 S. Huron St., Cheboygan, MI 49721	231-627-8500	231-627-8546
Chippewa	463 East 3 Mile Rd., Sault Ste. Marie, MI 49783	906-635-4100	906-635-4173
Clare	725 Richard Dr., Harrison, MI 48625	989-539-4260	989-539-4200
Clinton	105 W. Tolles Rd., St. Johns, MI 48879	989-224-5500	989-224-3896
Crawford	230 Huron Grayling, MI 49738	989-348-7691	989-348-2838
Delta	305 Ludington St., Escanaba, MI 49829	906-786-5394	906-786-5350
Dickinson	1401 Carpenter Ave. Ste. A, Iron Mountain, MI 49801	906-779-4100	906-774-2775
Eaton	1050 Independence Blvd., Charlotte, MI 48813	517-543-0860	517-543-2125
Emmet	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Genesee	125 E. Union St., P.O. Box 1628, Flint, MI 48501	810-760-2550	810-760-2745
Gladwin	675 E. Cedar Ave., Gladwin, MI 48624	989-426-3300	989-426-3353
Gogebic	301 E. Lead St., Bessemer, MI 49911	906-663-6200	906-663-6230
Gd Traverse	701 S. Elmwood Ste.19, Traverse City, MI 49684	231-941-3900	231-941-0037
Gratiot	201 Commerce Dr., Ithaca, MI 48847	989-875-5181	989-875-2811
Hillsdale	40 Care Dr., Hillsdale, MI 49242	517-439-2200	517-439-2272
Houghton	47420 State Hwy. M-26 Ste. 62, Houghton, MI 49931	906-482-0500	906-487-7726
Huron	1911 Sand Beach Rd., Bad Axe, MI 48413	989-269-9201	989-269-9875
Ingham	5303 S. Cedar St., Lansing, MI 48911	517-887-9400	517-887-9500
Ionia	920 E. Lincoln, Ionia, MI 48846	616-527-5200	616-527-1849
Iosco	2145 E. Huron Rd., East Tawas, MI 48730	989-362-0300	989-362-6629
Iron	337 Brady Ave., PO Box 250, Caspian, MI 49915	906-265-9958	906-265-6390
Isabella	1919 Parkland Dr., Mt. Pleasant, MI 48858	989-772-8400	989-772-8460
Jackson	301 E. Louis Glick Hwy., Jackson, MI 49201	517-780-7400	517-780-7160
Kalamazoo	322 E. Stockbridge Ave., Kalamazoo, MI 49001	269-337-4900	269-337-5179
Kalkaska	503 North Birch St., Kalkaska, MI 49646	231-258-1200	231-258-4482
Kent	121 Franklin St. SE Ste. 200, Grand Rapids, MI 49507	616-248-1000	616-248-1059
Keweenaw	3616 Highway US-41, PO Box 351, Mohawk, MI 49950	906-337-3302	906-337-1131

County	Address	Phone	Fax
Lake	5653 S. M-37, Baldwin, MI 49304	231-745-8159	231-745-2930
Lapeer	1505 Suncrest Dr., Lapeer, MI 48446	810-667-0800	810-667-0795
Leelanau	701 S. Elmwood Ste. 19, Traverse City, MI 49684	231-941-3900	231-941-0037
Lenawee	1040 S. Winter St. Ste. 3013, Adrian, MI 49221	517-264-6300	517-264-6357
Livingston	2300 E. Grand River Ste. 1, Howell, MI 48843	517-548-0200	517-548-0298
Luce	500 W. McMillan, Newberry, MI 49868	906-293-5144	906-293-3857
Mackinac	199 Ferry Lane, Saint Ignace, MI 49781	906-643-9550	906-643-7467
Macomb	21885 Dunham Rd. Ste. 7, Clinton Township, MI 48036	586-469-7700	586-783-8136
Macomb	27690 Van Dyke Ave., Warren, MI 48093	586-427-0600	586-427-0668
Macomb	41227 Mound Rd. Ste. A, Sterling Heights, MI 48314	586-254-1500	586-254-8029
Macomb	19700 Hall Rd. Ste. A, Clinton Township, MI 48038	586-412-6100	586-412-6141
Manistee	1672 US 31 South, Manistee, MI 49660	231-723-8375	231-398-2106
Marquette	Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855	906-228-9691	906-228-3393
Mason	915 Diana St., Ludington, MI 49431	231-845-7391	231-843-1430
Mecosta	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Menominee	2612 10th St., Menominee, MI 49858	906-863-9965	906-863-7426
Midland	1509 Washington Ste. A, Midland, MI 48641	989-835-7040	989-835-7597
Missaukee	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Monroe	903 S. Telegraph Ste. A, Monroe, MI 48161	734-243-7200	734-243-1660
Montcalm	609 N. State, PO Box 278, Stanton, MI 48888	989-831-8400	989-831-8496
Montmorency	13210 M-33, Atlanta, MI 49709	989-785-4218	989-785-2302
Muskegon	2700 Baker St., PO Box 4290, Muskegon Heights, MI 49444	231-733-3700	231-733-3872
Newaygo	1018 Newell, PO Box 640, White Cloud, MI 49349	231-689-5500	231-689-5586
Oakland	51111 Woodward Ave., Pontiac, MI 48342	248-975-5400	248-975-5550
Oceana	4081 W. Polk Rd., Hart, MI 49420	231-873-7251	231-873-3803
Ogemaw	444 E. Houghton Ave., West Branch, MI 48661	989-345-5135	989-345-4688
Ontonagon	408 Cooper St. Ste. B, Ontonagon, MI 49953	906-884-4951	906-884-6323
Osceola	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Oscoda	200 W. Fifth St., Mio, MI 48647	989-826-4000	989-826-3961
Otsego	931 S. Otsego Ave., Gaylord, MI 49735	989-732-1702	989-732-8715
Ottawa	12185 James St. Ste. 200, Holland, MI 49424	616-394-7200	616-395-5526
Presque Isle	164 N. Fourth St., Rogers City, MI 49779	989-734-2108	989-734-2767
Roscommon	111 Union St., Roscommon, MI 48653	989-275-5107	989-275-5545
Saginaw	411 E. Genesee, PO Box 5070, Saginaw, MI 48605	989-758-1100	989-758-2710
St. Clair	220 Fort St., Port Huron, MI 48060	810-966-2000	810-966-2025
St. Joseph	692 E. Main St., Centreville, MI 49032	269-467-1200	269-467-1229
Sanilac	515 S. Sandusky Rd., Sandusky, MI 48471	810-648-4420	810-648-4432
Schoolcraft	300 Walnut St. Rm. 175A, Manistique, MI 49854	906-341-2114	906-341-2110
Shiawassee	1720 E. Main St. Ste. 1, Owosso, MI 48867	989-725-3200	989-725-3308
Tuscola	1365 Cleaver Rd., Caro, MI 48723	989-673-9100	989-673-9209
Van Buren	57150 CR 681, Hartford, MI 49057	269-621-2800	269-621-2927
Washtenaw	22 Center St., Ypsilanti, MI 48198	734-481-2000	734-481-8386

County	Address	Phone	Fax
Wayne North	13233 Hamilton Ave., Highland Park, MI 48203	313-852-1700	313-852-1891
Wayne South	1801 E. Canfield Detroit, MI 48207	313-578-5500	313-578-5392
Wayne West	27540 Michigan Ave., Inkster, MI 48141	313-931-6400	313-931-6439
All Wayne	Visit <a href="http://www.michigan.gov/mdhhs">www.michigan.gov/mdhhs</a> for all offices		
Wexford	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Outstate	PO Box 30037, Ste. 510, Lansing, MI 48909-7537	517-241-9794	517-763-0280