Dear Potential Intern,

Thank you for your interest to intern 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 interning.

- Basic Two Page Application
- Hours of Availability & Internship Information
- Intern Reference Form
  - Three (3) references are needed, and may be submitted along with the application, independently by each person, or online at 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 x
Fax: (313) 361-8938
nteerin@alternativesforgirls.org
Alternatives For Girls' Internship 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 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

(PLEASE COMPLETE THIS SECTION AND STILL ATTACH A RESUME)

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 personal, professional, experiential, or other skills and/or resources would you offer to AFG as an Intern?

________________________________________________________
What do you expect from your internship experience?


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


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 Intern 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 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
Please note: The hours you are available to complete your internship will contribute to your acceptance and assignment placement. Should your hours change after acceptance, it may affect your assignment placement and/or acceptance award.

◇ Monday

◇ Tuesday

◇ Wednesday

◇ Thursday

◇ Friday

◇ Saturday

◇ Sunday

Goal(s):

Please complete below only if you are applying for an internship.

School: ____________________________ Degree being sought: ____________________________

Major: ____________________________

Internship Start Date: _________________ Internship End Date: _________________

Supervision requirements:  LMSW _____  LPC _____  Other:  _____  Unknown:  _____  Not Applicable:  _____

Hours of internship required weekly: ______  Total hours required: __________________

Other Guidelines or Comments:  (Please provide a copy of supervision/internship requirements from the school, if you are completing it for college credit.)

__________________________________________________________________________

__________________________________________________________________________
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: Jessica Pate, 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.

__________________________________________________________________________  __________________________________________________________________________
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.

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.
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/perform 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: ____________
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

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

☐ I am completing this for myself.  ☐ I would like to pick up my results in  County (For Michigan Residents Only).

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box
☐ Employer  ☒ Volunteer Agency  ☐ Adoption/Foster Care Home Screening  ☐ Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney

Name of Agency or Organization  Name of Requester
ALTERNATIVES FOR GIRLS  JESSICA RAE PATE

Address  City  State  Zip Code
903 W GRAND BLVD  DETROIT  MI  48208

Email  Fax  Phone Number
JMPATE@ALTERNATIVESFORGIRLS.ORG (313) 361-8938 (313) 361-4000

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 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
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 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.
<table>
<thead>
<tr>
<th>County</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcona</td>
<td>2145 E. Huron Rd., East Tawas, MI 48730</td>
<td>989-362-0300</td>
<td>989-362-6629</td>
</tr>
<tr>
<td>Alger</td>
<td>413 Maple St., Munising, MI 49862</td>
<td>906-387-4440</td>
<td>906-387-4710</td>
</tr>
<tr>
<td>Allegan</td>
<td>3255 122nd., Ste. 300 Allegan, MI 49010</td>
<td>269-673-7700</td>
<td>269-673-7795</td>
</tr>
<tr>
<td>Alpena</td>
<td>711 W. Chisholm St., Alpena, MI 49707</td>
<td>989-354-7200</td>
<td>989-354-7242</td>
</tr>
<tr>
<td>Antrim</td>
<td>203 E. Cayuga St., PO Box 316, Bellaire, MI 49615</td>
<td>231-533-8664</td>
<td>231-533-8740</td>
</tr>
<tr>
<td>Baraga</td>
<td>108 Main St., PO Box 10, Baraga, MI 49908</td>
<td>906-353-4700</td>
<td>906-353-8415</td>
</tr>
<tr>
<td>Barry</td>
<td>430 Barfield Dr., Hastings, MI 49058</td>
<td>269-948-3200</td>
<td>269-948-4101</td>
</tr>
<tr>
<td>Bay</td>
<td>1399 W. Center Rd., Essexville, MI 48732</td>
<td>989-895-2100</td>
<td>989-895-2494</td>
</tr>
<tr>
<td>Benzie</td>
<td>448 Court Plaza Govt. Ctr., PO Box 114, Beulah, MI 49617</td>
<td>231-882-1330</td>
<td>231-882-9078</td>
</tr>
<tr>
<td>Berrien</td>
<td>401 Eighth St., PO Box 1407, Benton Harbor, MI 49023</td>
<td>269-934-2000</td>
<td>269-934-2115</td>
</tr>
<tr>
<td>Branch</td>
<td>388 Keith Wilhelm Dr., Coldwater, MI 49036</td>
<td>517-279-4200</td>
<td>517-278-5346</td>
</tr>
<tr>
<td>Calhoun</td>
<td>190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016</td>
<td>269-966-1284</td>
<td>269-966-2837</td>
</tr>
<tr>
<td>Charlevoix</td>
<td>2229 Summit Park Dr., Petoskey, MI 49770</td>
<td>231-348-1600</td>
<td>231-347-6211</td>
</tr>
<tr>
<td>Cheboygan</td>
<td>827 S. Huron St., Cheboygan, MI 49721</td>
<td>231-627-8500</td>
<td>231-627-8546</td>
</tr>
<tr>
<td>Clare</td>
<td>725 Richard Dr., Harrison, MI 48625</td>
<td>989-539-4260</td>
<td>989-539-4200</td>
</tr>
<tr>
<td>Clinton</td>
<td>105 W. Tolles Rd., St. Johns, MI 48879</td>
<td>989-224-5500</td>
<td>989-224-3896</td>
</tr>
<tr>
<td>Crawford</td>
<td>230 Huron Grayling, MI 49738</td>
<td>989-348-7691</td>
<td>989-348-2838</td>
</tr>
<tr>
<td>Delta</td>
<td>305 Ludington St., Escanaba, MI 49829</td>
<td>906-786-5394</td>
<td>906-786-5350</td>
</tr>
<tr>
<td>Eaton</td>
<td>1050 Independence Blvd., Charlotte, MI 48813</td>
<td>517-543-0860</td>
<td>517-543-2125</td>
</tr>
<tr>
<td>Emmet</td>
<td>2229 Summit Park Dr., Petoskey, MI 49770</td>
<td>231-348-1600</td>
<td>231-347-6211</td>
</tr>
<tr>
<td>Genesee</td>
<td>125 E. Union St., P.O. Box 1628, Flint, MI 48501</td>
<td>810-760-2550</td>
<td>810-760-2745</td>
</tr>
<tr>
<td>Gladwin</td>
<td>675 E. Cedar Ave., Gladwin, MI 48624</td>
<td>989-426-3300</td>
<td>989-426-3353</td>
</tr>
<tr>
<td>Gogebic</td>
<td>301 E. Lead St., Bessemer, MI 49911</td>
<td>906-663-6200</td>
<td>906-663-6230</td>
</tr>
<tr>
<td>Gd Traverse</td>
<td>701 S. Elmwood Ste.19, Traverse City, MI 49684</td>
<td>231-941-3900</td>
<td>231-941-0037</td>
</tr>
<tr>
<td>Gratiot</td>
<td>201 Commerce Dr., Ithaca, MI 48847</td>
<td>989-875-5181</td>
<td>989-875-2811</td>
</tr>
<tr>
<td>Hillsdale</td>
<td>40 Care Dr., Hillsdale, MI 49242</td>
<td>517-439-2200</td>
<td>517-439-2272</td>
</tr>
<tr>
<td>Huron</td>
<td>1911 Sand Beach Rd., Bad Axe, MI 48413</td>
<td>989-269-9201</td>
<td>989-269-9875</td>
</tr>
<tr>
<td>Ingham</td>
<td>5303 S. Cedar St., Lansing, MI 48911</td>
<td>517-887-9400</td>
<td>517-887-9500</td>
</tr>
<tr>
<td>Ionia</td>
<td>920 E. Lincoln, Ionia, MI 48846</td>
<td>616-527-5200</td>
<td>616-527-1849</td>
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<tr>
<td>Iosco</td>
<td>2145 E. Huron Rd., East Tawas, MI 48730</td>
<td>989-362-0300</td>
<td>989-362-6629</td>
</tr>
<tr>
<td>Iron</td>
<td>337 Brady Ave., PO Box 250, Caspian, MI 49915</td>
<td>906-265-9958</td>
<td>906-265-6390</td>
</tr>
<tr>
<td>Isabella</td>
<td>1919 Parkland Dr., Mt. Pleasant, MI 48858</td>
<td>989-772-8400</td>
<td>989-772-8460</td>
</tr>
<tr>
<td>Jackson</td>
<td>301 E. Louis Glick Hwy., Jackson, MI 49201</td>
<td>517-780-7400</td>
<td>517-780-7160</td>
</tr>
<tr>
<td>Kalamazoo</td>
<td>322 E. Stockbridge Ave., Kalamazoo, MI 49001</td>
<td>269-337-4900</td>
<td>269-337-5179</td>
</tr>
<tr>
<td>Kalkaska</td>
<td>503 North Birch St., Kalkaska, MI 49646</td>
<td>231-258-1200</td>
<td>231-258-4482</td>
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<td>Kent</td>
<td>121 Franklin St. SE Ste. 200, Grand Rapids, MI 49507</td>
<td>616-248-1000</td>
<td>616-248-1059</td>
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<tr>
<td>Keweenaw</td>
<td>3616 Highway US-41, PO Box 351, Mohawk, MI 49950</td>
<td>906-337-3302</td>
<td>906-337-1131</td>
</tr>
<tr>
<td>County</td>
<td>Address</td>
<td>Phone</td>
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<td>Lake</td>
<td>5653 S. M-37, Baldwin, MI 49304</td>
<td>231-745-8159</td>
<td>231-745-2930</td>
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<tr>
<td>Lapeer</td>
<td>1505 Suncrest Dr., Lapeer, MI 48446</td>
<td>810-667-0800</td>
<td>810-667-0795</td>
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<tr>
<td>Leelanau</td>
<td>701 S. Elmwood Ste. 19, Traverse City, MI 49684</td>
<td>231-941-3900</td>
<td>231-941-0037</td>
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<tr>
<td>Lenawee</td>
<td>1040 S. Winter St. Ste. 3013, Adrian, MI 49221</td>
<td>517-264-6300</td>
<td>517-264-6357</td>
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<tr>
<td>Livingston</td>
<td>2300 E. Grand River Ste. 1, Howell, MI 48843</td>
<td>517-548-0200</td>
<td>517-548-0298</td>
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<td>Luce</td>
<td>500 W. McMillan, Newberry, MI 49868</td>
<td>906-293-5144</td>
<td>906-293-3857</td>
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<tr>
<td>Mackinac</td>
<td>199 Ferry Lane, Saint Ignace, MI 49781</td>
<td>906-643-9550</td>
<td>906-643-7467</td>
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<tr>
<td>Macomb</td>
<td>21885 Dunham Rd. Ste. 7, Clinton Township, MI 48036</td>
<td>586-469-7700</td>
<td>586-783-8136</td>
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<tr>
<td>Macomb</td>
<td>27690 Van Dyke Ave., Warren, MI 48093</td>
<td>586-427-0600</td>
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<td>Macomb</td>
<td>19700 Hall Rd. Ste. A, Clinton Township, MI 48038</td>
<td>586-412-6100</td>
<td>586-412-6141</td>
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<tr>
<td>Manistee</td>
<td>1672 US 31 South, Manistee, MI 49660</td>
<td>231-723-8375</td>
<td>231-398-2106</td>
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<tr>
<td>Marquette</td>
<td>Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855</td>
<td>906-228-9691</td>
<td>906-228-3393</td>
</tr>
<tr>
<td>Mason</td>
<td>915 Diana St., Ludington, MI 49431</td>
<td>231-845-7391</td>
<td>231-843-1430</td>
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<tr>
<td>Mecosta</td>
<td>800 Water Tower Rd., Big Rapids, MI 49307</td>
<td>231-796-4300</td>
<td>231-796-0799</td>
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<tr>
<td>Menominee</td>
<td>2612 10th St., Menominee, MI 49858</td>
<td>906-863-9965</td>
<td>906-863-7426</td>
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<tr>
<td>Midland</td>
<td>1509 Washington Ste. A, Midland, MI 48641</td>
<td>989-835-7040</td>
<td>989-835-7597</td>
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<tr>
<td>Missaukee</td>
<td>10641 W. Watergate Rd., Cadillac, MI 49601</td>
<td>231-779-4500</td>
<td>231-779-4507</td>
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<tr>
<td>Montcalm</td>
<td>609 N. State, PO Box 278, Stanton, MI 48888</td>
<td>989-831-8400</td>
<td>989-831-8496</td>
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<tr>
<td>Montmorency</td>
<td>13210 M-33, Atlanta, MI 49709</td>
<td>989-785-4218</td>
<td>989-785-2302</td>
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<tr>
<td>Muskegon</td>
<td>2700 Baker St., PO Box 4290, Muskegon Heights, MI 49444</td>
<td>231-733-3700</td>
<td>231-733-3872</td>
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<tr>
<td>Newaygo</td>
<td>1018 Newell, PO Box 640, White Cloud, MI 49349</td>
<td>231-689-5500</td>
<td>231-689-5586</td>
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<tr>
<td>Oakland</td>
<td>51111 Woodward Ave., Pontiac, MI 48342</td>
<td>248-975-5400</td>
<td>248-975-5550</td>
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<td>Oceana</td>
<td>4081 W. Polk Rd., Hart, MI 49420</td>
<td>231-873-7251</td>
<td>231-873-3803</td>
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<td>Ogemaw</td>
<td>444 E. Houghton Ave., West Branch, MI 48661</td>
<td>989-345-5135</td>
<td>989-345-4688</td>
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<tr>
<td>Ontonagon</td>
<td>408 Cooper St. Ste. B, Ontonagon, MI 49953</td>
<td>906-884-4951</td>
<td>906-884-6323</td>
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<td>Osceola</td>
<td>800 Water Tower Rd., Big Rapids, MI 49307</td>
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<tr>
<td>Oscoda</td>
<td>200 W. Fifth St., Mio, MI 48647</td>
<td>989-826-4000</td>
<td>989-826-3961</td>
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<td>Otsego</td>
<td>931 S. Otsego Ave., Gaylord, MI 49735</td>
<td>989-732-1702</td>
<td>989-732-8715</td>
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<td>Ottawa</td>
<td>12185 James St. Ste. 200, Holland, MI 49424</td>
<td>616-394-7200</td>
<td>616-395-5526</td>
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<td>Presque Isle</td>
<td>164 N. Fourth St., Rogers City, MI 49779</td>
<td>989-734-2108</td>
<td>989-734-2767</td>
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<tr>
<td>Roscommon</td>
<td>111 Union St., Roscommon, MI 48653</td>
<td>989-275-5107</td>
<td>989-275-5545</td>
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<td>Saginaw</td>
<td>411 E. Genesee, PO Box 5070, Saginaw, MI 48605</td>
<td>989-758-1100</td>
<td>989-758-2710</td>
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<tr>
<td>St. Clair</td>
<td>220 Fort St., Port Huron, MI 48060</td>
<td>810-966-2000</td>
<td>810-966-2025</td>
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<tr>
<td>St. Joseph</td>
<td>692 E. Main St., Centreville, MI 49032</td>
<td>269-467-1200</td>
<td>269-467-1229</td>
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<td>Sanilac</td>
<td>515 S. Sandusky Rd., Sandusky, MI 48471</td>
<td>810-648-4420</td>
<td>810-648-4432</td>
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<tr>
<td>Schoolcraft</td>
<td>300 Walnut St. Rm. 175A, Manistique, MI 49854</td>
<td>906-341-2114</td>
<td>906-341-2110</td>
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<tr>
<td>Shiawassee</td>
<td>1720 E. Main St. Ste. 1, Owosso, MI 48867</td>
<td>989-725-3200</td>
<td>989-725-3308</td>
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<td>Tuscola</td>
<td>1365 Cleaver Rd., Caro, MI 48723</td>
<td>989-673-9100</td>
<td>989-673-9209</td>
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<tr>
<td>Van Buren</td>
<td>57150 CR 681, Hartford, MI 49057</td>
<td>269-621-2800</td>
<td>269-621-2927</td>
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<tr>
<td>Washtenaw</td>
<td>22 Center St., Ypsilanti, MI 48198</td>
<td>734-481-2000</td>
<td>734-481-8386</td>
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<tr>
<td>County</td>
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<tr>
<td>Wayne North</td>
<td>13233 Hamilton Ave., Highland Park, MI 48203</td>
<td>313-852-1700</td>
<td>313-852-1891</td>
</tr>
<tr>
<td>Wayne South</td>
<td>1801 E. Canfield Detroit, MI 48207</td>
<td>313-578-5500</td>
<td>313-578-5392</td>
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<tr>
<td>Wayne West</td>
<td>27540 Michigan Ave., Inkster, MI 48141</td>
<td>313-931-6400</td>
<td>313-931-6439</td>
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<tr>
<td>All Wayne</td>
<td>Visit <a href="http://www.michigan.gov/mdhhs">www.michigan.gov/mdhhs</a> for all offices</td>
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<td>Wexford</td>
<td>10641 W. Watergate Rd., Cadillac, MI 49601</td>
<td>231-779-4500</td>
<td>231-779-4507</td>
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<tr>
<td>Outstate</td>
<td>PO Box 30037, Ste. 510, Lansing, MI 48909-7537</td>
<td>517-241-9794</td>
<td>517-763-0280</td>
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