



**HISPANIC CENTER**  
OF WESTERN MICHIGAN

**Volunteer Application**

**Thank you for your interest in volunteering with the Hispanic Center of Western Michigan.**  
Please read entire application. Once completed please return to the Hispanic Center:  
1204 Grandville Ave S.W.  
Grand Rapids, MI 49503

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

E-MAIL ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ ARE YOU 18 YRS. OLD OR OLDER?  Yes  No

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.?  Yes  No

**AVAILABILITY** (List below the hours you are available to volunteer)

	SUN	MON	TUES	WED	THURS	FRI	SAT
FROM							
TO							

Start date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_ Number of Hours Total: \_\_\_\_\_

**What type of volunteer experience would this be considered?**

- Community Volunteer  Court-ordered Community Service  Supporting Our Leaders (SOL) Member  
 Non-mandated Community Service  College/University Service Learning  
 Experience for Resume (Minimum of 100 hrs. required)  High School Credit  Other: \_\_\_\_\_

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Tutoring high school students   | <input type="checkbox"/> Hispanic Festival                       | <input type="checkbox"/> Community Outreach       |
| <input type="checkbox"/> ESL classroom assistant         | <input type="checkbox"/> Special Events                          | <input type="checkbox"/> Marketing/Video Projects |
| <input type="checkbox"/> Facilitating computer workshops | <input type="checkbox"/> Clerical/ Data Entry/Phone Calls        |   |
| <input type="checkbox"/> Front Desk                      | <input type="checkbox"/> Mentoring of youth (6 months or longer) |   |
| <input type="checkbox"/> Hispanic Festival               | <input type="checkbox"/> Other: _____                            |   |

What experience do you hope to gain from your volunteer experience with the HCWM? \_\_\_\_\_

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

- Instructor/ Teaching
- Clerical/Data entry/Accounting (circle one)
- Marketing or Customer Service
- I am bilingual (Speak Spanish and English)
- Public Speaking and Recruiting
- Computer skills/Technology (Circle what applies)
- Microsoft Word
- Microsoft PowerPoint
- Microsoft Publisher
- Designing flyers brochures, "pluggers" etc
- Website development and / or maintenance

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

- HCWM Website
- Radio/Newspaper Ad
- United Way 2-1-1 Volunteer Solutions
- Friend/Relative: \_\_\_\_\_
- Agency: \_\_\_\_\_
- School Teacher: \_\_\_\_\_
- Other: \_\_\_\_\_

Have you ever been convicted of or plead no contest to a misdemeanor and or felony?  Y  N

If yes, please explain: \_\_\_\_\_

1. As a volunteer, I understand that I am required to read, sign, and abide by the Hispanic Center of Western Michigan confidentiality, conflict of interest, and non-compete policy. \_\_\_\_\_ Initial
2. As a volunteer, I understand that I cannot advertise, sell products and/ or promote any personal and/ or non-personal business agency. \_\_\_\_\_ Initial
3. I understand that although I am volunteering my time and efforts, I must commit my schedule or make my assigned HCWM staff member aware of any schedule changes. \_\_\_\_\_ Initial
4. I understand that I am required to meet the HCWM's dress code policy: \_\_\_\_\_ Initial

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

**IN CASE OF EMERGENCY, NOTIFY**

NAME	ADDRESS	PHONE NO.	RELATION TO VOLUNTEER
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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN, AND AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF MY CONTRACTED SERVICES ARE UTILIZED, I WILL BE A CONTRACTED EMPLOYEE. UTILIZATION OF MY SERVICES WILL BE FOR NO DEFINITE PERIOD AND I AM NOT GUARANTEED ANY HOURS. I ALSO UNDERSTAND AND AGREE THAT, AT ANY TIME, THE UTILIZATION OF MY SERVICES MAY BE TERMINATED WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## Background and Criminal History Authorization

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

***Please submit a government approved picture ID with this application.***

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

Date: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mi: \_\_\_\_\_  
Maiden and/or Other Names Used: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City, County, State, and Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: M F  
E-Mail Address: \_\_\_\_\_

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

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

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

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

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Applicant (Print Name) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Notes:

- ICHAT
- OTIS
- 61<sup>st</sup> District
- MPSOR(Michigan sex offender registry)
- NPSOR(National sex offender registry)
- County

Staff Signature: \_\_\_\_\_

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

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

Decision made by: \_\_\_\_\_