Wyoming Michigan

Parks & Recreation Department
1155—28th Street, S.W., Box 905 Wyoming, Michigan 49509-0905
Web: wyomingmi.gov

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Dear T.E.A.M. 21 Program Volunteer,

Thank you for your interest in volunteering in the T.E.A.M. 21 program. Your commitment to increasing the quality of life of the youth in our community is greatly appreciated and we are looking forward to working with you soon.

As you may know, the T.E.A.M. 21 program began operation in October 2004. As part of our grant funding and regulations, we are required to maintain a Child Care Center License with the State of Michigan Department of Human Services. Part of our licensing process involves the screening of all staff and volunteers. As a volunteer, you are required to complete and sign the attached forms and return them to the Parks and Recreation Department or to the T.E.A.M. 21 Site Coordinator at the school where you're interested in volunteering.

City of Wyoming Parks and Recreation Volunteer Application Form- This document provides the Parks and Recreation Department with some general information and authorizes the City of Wyoming to conduct a Michigan State Police Criminal History Check and a Michigan Public Sex Offender Registry Inquiry.

Request for Central Registry Clearance- The City of Wyoming will submit this document to the Children's Protective Services branch of the Michigan Department of Human Services. The Michigan Department of Human Services will search a database (Central Registry) and conduct a background check for any instance of child abuse and neglect. This check also requires a photocopy of a picture ID.

> To save yourself an extra step, be sure to check the box stating you would like to have your results sent to: "Volunteer Agency". On the next line, you should see the City of Wyoming Parks & Recreation mailing information – this is where DHS will mail the results if you select this option. If you choose to have the results sent to your home address, please submit a copy to the Parks and Recreation Department or the T.E.A.M. 21 Site Coordinator at your volunteer site. We will need a copy of this letter before you begin volunteering for the program.

Thank you for your cooperation and understanding. Our first concern is for the safety and well-being of the students enrolled in our programs. You will be contacted once your application has been processed and you may begin volunteering at that time. Please feel free to contact us with any question or concerns you may have.

Thank you,
T.E.A.M. 21 Staff
City of Wyoming
Parks and Recreation
616-530-3164

School Partners

Godfrey-Lee
Public Schools

Godwin Heights
Public Schools

Kelloggsville
Public Schools

Wyoming
Public Schools

These materials have been developed under a grant awarded by the Michigan Department of Education.

City of Wyoming Parks and Recreation Volunteer Application Form

CIRCLE AREAS OF INTEREST: **SENIORS** **PARKS** **RECREATION** **T.E.A.M.21**

Name_____Other Legal Names:_____
(LAST) (FIRST) (MIDDLE)

Address_____ City_____State_____Zip_____

Home Phone_____ Work Phone_____ E-Mail Address_____

Driver's License Number_____ State_____Expiration_____

Gender _____ Date of Birth _____ Race _____

Parent's Names (IF APPLICANT UNDER 18)_____ Phone_____

Contact In Case of Emergency:

_____
(Name) (Relationship) (Phone)

Personal Or Professional References (Please Exclude Relatives)

1. Name_____ Relationship_____ Phone_____

   Address_____ City_____State _____Zip_____

2. Name_____ Relationship_____ Phone_____

   Address_____ City_____State_____Zip_____

Have you ever been convicted of a crime, other than a minor traffic offence? ☐ Yes ☐ No If yes, please explain below:

_____
_____
_____

Please list any skills, foreign languages, hobbies, or interests you have that might be helpful in your volunteer work:

_____
_____
_____

Availability:	Mon.	Tues.	Weds.	Thur.	Fri.	Sat.	Sun.
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Office Use Only
PSOR _____ Date_____

Criminal Records _____ Date _____

Continued on back

Applicants Authorization & Agreement

(Please read the following carefully before signing)

I hereby certify that all statements on this application are made truthfully, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being accepted as a volunteer, or if accepted may result in my dismissal.

I authorize the City of Wyoming to secure additional relevant information from my employer, prior employer, educational institution or any other persons or organizations concerning my employment, education, disciplinary information or any other relevant information, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to the City of Wyoming.

In accordance with A.D.A. requirements, if I require special accommodations to perform my services, I must notify the Wyoming Parks and Recreation Department of that need within 182 days after I knew or reasonably should have known that special accommodations were needed. Failure to do so will bar me from alleging that the City of Wyoming has not accommodated me as required by law.

I hereby authorize the City of Wyoming to secure a criminal conviction history from the appropriate law enforcement agencies, should the City determine it necessary to do so. In addition, I will furnish the necessary identification for such an investigation to take place.

I hereby grant the City of Wyoming permission to use and display my likeness in photographs(s)/video in any publication, multimedia production, display, advertisement or World-Wide Web publication for Wyoming Parks and Recreation or its constituent departments.

I agree to abide by all program rules and regulations set forth by the Wyoming Parks and Recreation Department. I understand that my volunteer services may be terminated at any time by that department. I also understand that there are certain inherent risks involved in any activity. I hereby release, discharge and hold harmless the City of Wyoming and its officers, employees, volunteers, contributing sponsors and affiliate organizations from any and all liability for any physical or mental injury or aggravation of any pre-existing condition, illness or disability, death, loss of enjoyment or any other harm or loss of any nature which may be sustained by me while serving as a volunteer for the Wyoming Parks and Recreation Department.

Please print name with one letter in each box.

First Name | Last Name

_____ Date_____

Applicant's Signature

Please print name with one letter in each box.

First Name | Last Name

_____ Date _____

Parent's Signature (If Applicant Under 18)

*Your signature indicates your approval for your child's participation as a volunteer in this program.

If you have any questions or concerns regarding this application, please call our office at (616) 530-3164.

The Wyoming Parks and Recreation Department promotes a non-discrimination policy that ensures participation for all regardless of race, religion, sex, economic status or disability.

REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan
Michigan Department of Human Services

INSTRUCTIONS: Complete the following information and submit request to your **LOCAL** Department of Human Services (DHS) Office. See www.michigan.gov/canregistryclearance for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known _____ _____		

Indicate below how you want to receive the results of the central registry clearance:

☐ I would like the results mailed to the address on my picture identification.

IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.

☐ I would like to pick up the results from the local DHS office.

IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.

☐ I would like the results mailed to:

☐ Employer/Potential Employer

City of Wyoming Parks & Recreation
1155 28th St. SW
Wyoming, MI 49509

☐ Volunteer Agency

City of Wyoming Parks & Recreation
1155 28th St. SW
Wyoming, MI 49509

IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.

Signature of Requestor	Signature of DHS Staff Person Completing Request

AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.	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.