



VOLUNTEER APPLICATION ~Please type or print in ink.
Areas of Interest (please circle): Program Equestrian Office
Maintenance Medical Dietary Special Events

PERSONAL INFORMATION:

Name _____
Present/School Address _____
City _____ State _____ Zip _____ Phone () _____
Permanent Address _____
City _____ State _____ Zip _____ Phone () _____
E-Mail Address _____ Cell Phone () _____

EDUCATION:

High _____ City, State _____ Graduation Date _____
College _____ Graduation or Expected Date _____
Major _____ Minor _____ Degree _____
Grad School _____ Graduation or Expected Date _____
Major _____ Minor _____ Degree _____

EMPLOYMENT:

1) Employer _____ Dates _____
Type of work/position held _____ Phone Number _____
2) Employer _____ Dates _____
Type of work/position held _____ Phone Number _____
3) Employer _____ Dates _____
Type of work/position held _____ Phone Number _____

PREVIOUS VOLUNTEER EXPERIENCE:

1) Company/Organization/Group _____ Dates _____
Type of work/position held _____
2) Company/Organization/Group _____ Dates _____
Type of work/position held _____

SKILLS/INTEREST:

In the following list, put a number 1 next to those items in which you are skilled and have an ability to teach, put a number 2 next to those with which you have had some experience, and a number 3 next to those in which you may have no skill, but do have an interest. All others leave blank.

Creative Arts

- Painting Activities
- Drawing
- Leather Crafts
- Candle Making
- Jewelry/Beading
- Handi-Crafts
- Adaptive Craft Activities
- Tie Dye
- Paper Making
- Working w/ Plaster of Paris
- Nature Crafts
- Making Music
- Singing
- Dancing
- Leading Songs
- Drama
- Puppets
- Other: _____
- Other: _____

Challenge Course Skills

- High Ropes/Universal Facilitation
- Low Ropes Facilitation
- Technical Tree Climbing
- Climbing Wall Facilitation
- Team Building Initiatives
- Other: _____

Animals

- Adapted Riding
- Western Riding
- English Riding
- Stable Management
- Tack Care
- Instructions /Lessons
- Small Animal Care
- Other: _____

Waterfront

- Adapted Aquatics
- Water Games
- Rowing
- Canoeing
- Swimming
- Fishing
- Pontoon Boats
- Other: _____

Outdoor Living Skills

- Backpacking
- Hiking
- Overnight Camping
- Orienteering
- Outdoor Cooking
- Fire Building
- Survival Skills
- Other: _____

Outdoor Education

- Environmental Education
- Composting/recycling
- Organic Gardening
- Tree/Plant Identification
- Wetlands Knowledge
- Wild Edibles
- Native American Crafts
- Native American Culture
- American Pioneer History
- Other: _____

Sports/Recreation

- Adaptive Sports Activities
- Archery
- Badminton/Tennis
- Basketball
- Group Games
- Kickball
- New Games
- Soccer
- Softball/T-ball
- Volleyball
- Other: _____

Technical

- Landscaping
- Food Service
- Mechanics
- Clerical
- Other: _____

CERTIFICATIONS:

Check the current licenses or certificates you hold. None of the below are a pre-requisite for volunteering.

- American Red Cross Water Safety InstructorExpires _____
- American Red Cross LifeguardExpires _____
- American Red Cross Small Craft Safety.....Expires _____
- American Red Cross First AidExpires _____
- Cardiopulmonary Resuscitation (CPR) (Basic Prof. Rescuer).....Expires _____
- Emergency Medical Technician (EMT)Expires _____
- Wilderness First Aid.....Expires _____

PERSONAL PROFILE:

Please answer the following questions honestly and thoughtfully.

1. What personal qualities, skills, and/or interests do you have that would help to make camp a positive experience for the campers?

2. Do you have any experience working with people with special needs? Please explain. If not, please share your reasons for wanting to do so.

3. List an accomplishment from your personal and/or professional life in which you are most proud.

REFERENCES:

Please do not include relatives. Use employers, teachers, neighbors, etc.

1. Name _____ E-mail: _____
 Day-time Phone () _____ Evening Phone () _____ How Known _____
2. Name _____ E-mail: _____
 Day-time Phone () _____ Evening Phone () _____ How Known _____

PLEASE ANSWER 'YES' or 'NO' TO THE FOLLOWING QUESTIONS:

- | | |
|---|----------|
| Have you ever been convicted of a crime involving theft or drugs? | Yes / No |
| Have you ever been convicted of a crime involving violence? | Yes / No |
| Have you ever been disciplined or discharged by an employer for sexual harassment? | Yes / No |
| Have you ever been convicted for abuse or any sex-related crime? | Yes / No |
| Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? | Yes/ No |

I certify that the information I have given on this application is complete and correct.

Signed _____ Date _____

Return to: The Fowler Center 2315 Harmon Lake Road Mayville, MI 48744 P:989-637-2050 F: 989-673-6355

Criminal Background Check Information

I hereby authorize **the FOWLER CENTER FOR OUTDOOR LEARNING** or authorized representative bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for volunteer or employment purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes. PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY.

Checks completed in accordance Department of Human Services and American Camp Association Standards

- ICHAT (Internet Criminal History Access Tool)
- Central Registry Clearance (for those age 21+, additional page required)
- National Sex Offenders Public Registry

First Name: _____ MI: _____ Last Name: _____

Alias/Other: _____

Alias/Other: _____

Date of Birth: _____ Social Sec. _____

Driver's Lic. No.: _____ State _____

Race: _____ Sex: _____

(1) Current Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

(2) Previous Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

(3) Previous Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

Applicant Signature: _____ Date: _____

VOLUNTARY DISCLOSURE: PLEASE CIRCLE 'YES' or 'NO':

- | | |
|---|----------|
| Have you ever been convicted of a crime involving theft or drugs? | Yes / No |
| Have you ever been convicted of a crime involving violence? | Yes / No |
| Have you ever been disciplined/discharged by an employer for sexual harassment? | Yes / No |
| Have you ever been convicted for abuse or any sex-related crime? | Yes / No |
| Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? | Yes/ No |

The information on this page will be used for background check purposes only

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

INSTRUCTIONS:

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

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

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

SECTION 1 INFORMATION ON PERSON BEING CLEARED

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

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

Child Welfare Agency

Individual I would like to pick up my results in _____ county

Law-Enforcement/Dept of Corrections

Prosecuting Attorney/Court (please provide docket number if available) _____ MI _____

Employer

Volunteer Agency

Out-of-State Adoption and Foster Home Screening

Other _____

Name of Employer/Volunteer Agency/Individual	Name of CPS/Law-Enforcement or Court		
The Fowler Center for Outdoor Learning			
Name	Title	City	State
Lynn M. SeeLoff, CTRS	Assistant Director		
Address	City		Zip Code
2315 Harmon Lake Road; Mayville, MI 48744			
Phone	E-mail	Date	
989-673-2050	camp@thefowlercenter.org		
Fax			
989-673-6355			

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

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

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

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

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