

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 _____ County (For Michigan Residents Only).			

SECTION 2 REQUESTER INFORMATION

Please Check Appropriate Box

Employer
 Volunteer Agency
 Adoption/Foster Care Home Screening
 Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney
 Other _____

Name of Agency or Organization: **Big Brothers Big Sisters of Jackson County**

Name of Requester: **Karen Smith**

Address: **536 N. Jackson St.** City: **Jackson** State: **MI** Zip Code: **49201**

Email: **ksmith@bbbsjackson.org** Fax: **517-796-9004** Phone Num: **517-784-7181**

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.

Jackson Office

536 N. Jackson Street
P.O. Box 1802
Jackson, MI 49204
Phone: (517) 784-7181
Fax: (517) 796-9004



Big Brothers Big Sisters
Jackson

Volunteer Application

Office Use Only SB CB COPE Inquiry Date: _____

Based on enclosed program description, which program are you interested in? Community-Based School-Based

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: ____ / ____ / ____

Race or Ethnicity: _____ Male Female

Home Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Alternate (cell) Phone: _____

Personal Email: _____

Employer: _____ Occupation: _____ May we contact you at work? **Y N**

Work Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email _____

Do you have a driver's license? **Y N** Do you have access to transportation? **Y N**

Type of transportation: _____

Marital Status: Single Married Separated Divorced Widowed

What is the highest level of education you have attained? _____

Have you ever been, or applied to be, a Big Brother or Big Sister? **Y N**

If yes, when and where? _____

What, if any, other youth organizations have you worked with as a volunteer? _____

Have you ever pleaded guilty, no contest or been convicted of a crime? **Y N** If yes, please list dates and details: _____

Have you ever had a history of mental/emotional disorder? **Y N** If yes, please list dates and details: _____

Was it within the last 5 years? **Y N** Are you currently in treatment? **Y N**

Answering yes to these questions does not constitute an automatic rejection for participation. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

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REQUIRED (either spouse/spousal equivalent or family member)

SPOUSE/SPOUSAL EQUIVALENT (someone with whom you are seriously, romantically, or consistently involved in a long-term relationship) **or Family Member** (if you have no current spouse/spousal equivalent).

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: ___ / ___ / ___

Race or Ethnicity: _____ Male Female

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Alternate Phone: _____

Personal Email: _____

Employer: _____ Occupation: _____ May we contact them at work? **Y N**

Work Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

Do they have a driver's license? **Y N**

Have they ever pleaded guilty, no contest or have been convicted of a crime? **Y N** If yes, please give details and dates: _____

Have they ever had a history of mental/emotional disorder? **Y N** If yes, please give details and dates: _____

Was it within the last 5 years? **Y N**

Are they currently in treatment? **Y N**

Name of each person living in or spending extended overnights in applicant's household - including adults.	Age	Relationship

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REFERENCES:

Please list below the names and addresses of at least two (2) other persons who can vouch for your reputation, character and morals. Please use only persons who have known you for at least 2 years and within the past 7 years.

WORK OR SCHOOL

Name: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Day time Phone #: _____ Fax #: _____ Email: _____

PERSONAL (Non-Family Member)

Name: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Day time Phone #: _____ Fax #: _____ Email: _____

List all Youth Serving Organizations you may have been involved with in the past 5 years. If there are more than two, use the other side of the form.

YOUTH SERVING ORGANIZATION (required if you have served as paid staff or a volunteer in any such organization)

Name: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Day time Phone #: _____ Fax #: _____ Email: _____

YOUTH SERVING ORGANIZATION

Name: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Day time Phone #: _____ Fax #: _____ Email: _____

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) This does not obligate me to perform any volunteer services;
- 3) The Big Brothers Big Sisters agency is not obligated to match me with a youth; and,
- 4) As part of the enrollment processes, staff will be asking me to provide additional personal information prior to making recommendations for assignment.

If accepted into the BBBS programs:

- I authorize the use of my photograph in the promotion of and reporting on agency programs and events
- I will provide proof of auto insurance and a copy of a valid drivers license (for community based programs) and I certify that I will immediately notify BBBS staff of any lapse in insurance or change in driver's license status. I understand that BBBS of Jackson may on a periodic basis, confirm the existence of these requirements.

☒ **Signature:** _____ **Date:** _____

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VOLUNTEER RELEASE OF INFORMATION

VOLUNTEER INFORMATION:

NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____ SOC. SEC. #: _____

DRIVERS LICENSE #: _____ SEX: _____ RACE: _____

I, _____, do hereby authorize Big Brothers Big Sisters of Jackson County (BBBS), or any agent of BBBS to contact any of my previous employers or to contact schools, companies, corporations, law enforcement agencies, persons and educational institutions, any counselors or therapists I may have had contact with to supply any information concerning my background. I understand that any documentation received will be used to help determine my eligibility as a volunteer, will become part of my confidential file, and will expire upon termination of direct service with BBBS. I release all such persons/institutions from liability or damages as a result of inquiry or furnishing the information.

Furthermore, I, the undersigned, authorize the Jackson Police Department, Record Station, to conduct a criminal background check by name and identifiers to determine the existence of any arrest or misdemeanor ticket violation and furnish a response to Big Brothers Big Sisters of Jackson County, Inc.

Finally, I authorize the use of my photograph in the promotion of and reporting on agency programs and events.

(Name-Please Print)

(Home Phone Number)

(Address)

(County, City, State & Zip)

(Signature)

(Date)

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Big Brothers Big Sisters
Jackson

Big Brothers Big Sisters of Jackson County Inc.

Certification of Driver's License and Vehicle Insurance

POLICY STATEMENT:

In the interest of safeguarding all participants in the Big Brothers Big Sisters (BBBS) program, BBBS of Jackson requires any motor vehicles used in conjunction with BBBS activities are insured to the extent required by the State of Michigan. Additionally, any individual operating a motor vehicle for BBBS purposes must possess a valid motor vehicle operator's license.

In the interest of safeguarding all participants in the Big Brothers Big Sisters (BBBS) program, BBBS of Jackson County Inc. must have **documentation** that any motor vehicles used in conjunction with BBBS activities are insured to the extent required by the State of Michigan. Additionally, any individual operating a motor vehicle for BBBS purposes must provide **documentation**, as required by BBBS, that they possess a valid motor vehicle operator's license.

These licensing and insurance requirements apply to volunteers operating a motor vehicle while transporting BBBS client(s) and employees who operate motor vehicles in the course of their work duties. This requirement does not apply to BBBS Board of Director members traveling to and from meetings and events.

Documentation will be provided as follows:

The volunteer or staff member, upon entry into the BBBS program, will provide evidence of a valid operator's license and vehicle insurance on any vehicle that may be used to transport clients or in association with work duties respectively. The volunteer or staff member will also be required to sign a certification statement agreeing to immediately notify BBBS staff of any lapse in insurance or change in driver's license status. BBBS of Jackson may, on a periodic basis, confirm the existence of these requirements.

Big Brothers Big Sisters Certification of Driver's License and Vehicle Insurance

I, _____, certify that I will immediately notify BBBS staff of any lapse in insurance or change in driver's license status. I understand that BBBS of Jackson may, on a periodic basis, confirm the existence of these requirements.

Signature

Date

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Big Brothers Big Sisters
Jackson

PROGRAM DESCRIPTION

*You can make a **BIG** impact by being a Big Brother or Big Sister!*

Big Brothers Big Sisters of Jackson County is seeking extraordinary men and women to extend their hearts and develop a friendship with a child in our community.

There are two mentoring opportunities with Big Brothers Big Sisters and within each of these programs are specialized mentoring opportunities:

Community Based

- The matches are able to schedule their own activities within the community.
- This mentoring relationship will endure for **at least one year**, and at most a lifetime! The mentor and mentee must meet a minimum of 1 hour per week (or four hours monthly).
- Meeting times and activities are determined between the mentor and mentee.
- Couples (married or two individuals of the same gender) may mentor a child together.

SITE Based

Bigs In-Schools

- The mentor joins his/her mentee at a school during the recess-lunch period (usually 40 minutes) for **one day each week, for one calendar year**.
- The mentors and mentees participate in activities such as eating lunch together, playing games, working on academics or just taking a walk on the school grounds. Bigs In-Schools is a perfect way to gain a greater sense of community.
- **SITE Based Plus** ○ Mentors can choose to add elements of the Community Based program to the existing Bigs in Schools program which could involve taking their Little off the school campus for lunch or a trip to an employer or to attend one or more of our scheduled BBBSJC events.

