

VOLUNTEER SERVICE APPLICATION

Deo Gratias Ministries Detroit is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, veteran status, height, weight, marital status, genetic information, or other legally protected status.

Please complete and sign the entire application and submit to Sister Felicity Marie Madigan at sisterfelicity@dgmdetroit.org.

Application Date:			
		PERSONAL INFORMATIO	N
Full Name:			
_	First	Middle	Last
Address:			
Street and Number		. С	ity Zip
Preferred Phone:		Alternate	Phone:
Email:			
Emergency (Contact (Please pro	ovide 2):	
Name		Phone Number	Relationship to you

INTEREST AND AVAILABILITY

Please check the Volunteers page of our website <u>www.dgmdetroit.org</u> for a list of our volunteer opportunities.

Please list up to three (3) choices:

Program/Activity	Day(s) Available	Time(s) Available	
	·		

GIFTS, TALENTS, SKILLS

Tell us what you enjoy doing the most, or what skills you think you would like to share.				

PREVIOUS VOLUNTEER OR OTHER RELEVANT EXPERIENCE

Date	Organization	Duties

Please add any other information you would like us to know.				
	CF	RIMINAL CONVICTION HISTOR	RY	
	Date	Conviction for	Additional Details	
Ministr	ries Detroit and to the prespect the staff, other versions are to notify DGMD when I have keep DGMD informed where the privacy of the safety issues, I will discussions.	e questions or problems hen I have a change in my perso ose we serve; however, if I am ir iss my concerns with my supervi	gree to these obligations: onal information on any way concerned about	
		n I have provided in my applic are voluntary, therefore, I do	ation. not expect any compensation.	
l agree	e to abide by the rules, r	regulations, and policies of DG ests, employees and voluntee	GMD. I will maintain	
	Applicant's Signa	ıture	-	



CONVICTION CRIMINAL HISTORY INFORMATION CONSENT

As a prospective employee/volunteer of Deo Gratias Ministries Detroit (DGMD), I understand that it is DGMD's policy to secure criminal conviction information using the information provided below as a requirement for employment/volunteerism. The information obtained will not be used for any other purpose. This information will be kept strictly confidential by the staff of DGMD. I also understand that an offer of employment/volunteer position is contingent upon the satisfactory results of this investigation. DGMD reserves the right to conduct regular criminal history checks on the signer of this document for the purposes of continued employment/volunteer opportunities as necessary.

Please print.			
Last Name:	First Name:_		
Middle Name(s):		_	
Other Names previously used, including m	naiden name:		
Date of Birth (day, month, year):		Gender:	
Social Security Number (SSN):		Race:	
List all the States you have lived in as an a the back of this page, if necessary.	adult, along w	ith the dates you	lived in each one. Use
State	Arrival (m	onth and year)	Departure (month and year)

Da	te	Signature
conviction only his	story file search.	
		he above information for the sole purpose of obtaining a
Offender Registrie	es.	
I underst	and that DGMD may	y process a search through the National and State Sex
Access (ICHAT)	tool of the Michiga	an State Police, Lansing, Michigan.
I underst	and that the above i	information is requested by the Internet Criminal History