



Judson Center

Helping those in need succeed



Application for Volunteer

A. APPLICANT INFORMATION

Applying For: _____ Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

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

Phone: _____ Email: _____

Have you ever volunteered for Judson Center? Yes No

Do you have a relative who works for Judson Center? Yes No If yes, list name _____

Are you 18 years old or older? Yes No Do you have a valid Michigan Driver's License? Yes No

Are you available to volunteer any days, shifts, and/or flexible schedules as required? Yes No

If no, when are you **not** able to volunteer? _____

No applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest to) a criminal offense or solely on the affirmative answer to any of the questions listed below. The nature, date, surrounding circumstances, and relevance of the offense to the position(s) applied for will be considered.

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

Are there any criminal charges pending against you? Yes No

If yes, please explain: _____

Have you ever been administratively determined by a federal, or any state or local governmental agency to have committed abuse or neglect or Medicaid fraud? Yes No

B. EDUCATION

High School City State Did you receive a Diploma or GED?

College City State Course of Study Did you graduate? If yes, with what degree?

Graduate School City State Course of Study Did you graduate? If yes, with what degree?

C. LICENSE, CERTIFICATION, REGISTRATION, AND/OR ADDITIONAL TRAINING

License (field) Certification (field) Registration (field)

Special skills or training related to the internship you are applying for

DISABILITY ACCOMMODATION REQUEST: Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the agency in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the agency may preclude any claim that the employer failed to accommodate the disabled individual.

D. REFERENCES

(1) Name & Address of Company _____ Position: _____

Supervisor: _____

Dates Employed From: _____ To: _____

Phone Number: _____

Duties: _____

If still employed, may we contact your present employer to obtain a reference? Yes No

Reason for leaving: _____

(2) Professional Reference:

Name and Company/Agency: _____

Phone Number: _____ Relationship to this person: _____

(3) School Reference

Name of Reference and School: _____

Phone Number: _____ Relationship to this person: _____

E. RELEASE OF INFORMATION AND ACKNOWLEDGEMENT

1. I hereby give you my permission to contact the above employers, employment references and educational institutions to verify the items I listed on this application. I hereby release Judson Center and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers. I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of the application or portions of this application to representatives of the Department of Human Services, Department of Mental Health and Community Mental Health agencies or other governmental agencies.
2. I further specifically waive written notice and agree to divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release my prior employers from all claims, liability and damage that may result from furnishing the information to you.
3. Driving record checks are performed at hire and periodically as required by our insurance companies for employees who operate vehicles owned by Judson Center and/or are required to use their personal vehicle for the position. I also give you my permission to perform any applicable check(s) of my driving record if I am now, or in the future, required to operate any vehicle owned by Judson Center.
4. I understand and acknowledge that, if hired; my employment and compensation will be at the will of Judson Center and can be terminated, with or without cause, and with or without notice at any time at the option of either Judson Center or myself. I further understand that no manager, representative, agent or employee of Judson Center other than the President has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or presentation must be in writing and signed by both myself and the President of Judson Center in order to be effective.
5. I also understand and acknowledge that as part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examination which may include tests for communicable diseases, drugs and/or alcohol.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I further understand that any false statements or omissions on this application or attachments shall be sufficient cause for dismissal.

Signature _____ Date _____

Please email to Peggy Kerr at peggy_kerr@judsoncenter.org or fax: 248-554-6535