

Second Hand Rose General Volunteer Application

This application is confidential and will be read only by Turning Point staff

Thank you for your interest in Second Hand Rose and Turning Point. We welcome prospective volunteers from diverse backgrounds and experience, and hope you will consider joining in our work. Please return the completed form to the address found on the last page of this application.

Name: _____ Date: _____

Address: _____
Street/Apt No City Zip Code

Phone: (Home) _____ (Work) _____

Date of Birth: _____ Email address: _____

Place of employment and/or name of school: _____

Have you had any previous volunteer experience? If so, please list the name of the organization, and the approximate time frame _____

When is the best time to reach you? _____

Type of volunteer work you are interested in?

- A one-time activity or group project
- A short-term, time-limited project (i.e. Holidays)
- A specific number of hours (how many) _____ per week month
- Committee work: _____
- Other: _____

Have you been convicted of a crime? Yes No

If yes, please give the specifics: _____

Do you have any felony charges pending at this time? Yes No

If yes, please explain: _____

NOTE: All Turning Point volunteers are subject to a criminal background check prior to placement. A criminal record **will not** necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be a volunteer.

REFERENCES: Please provide the names of two people, who you have known for at least one year, who are not related to you.

Name _____ Relationship _____ Phone No. _____

Name _____ Relationship _____ Phone No. _____

May we identify ourselves as being from Turning Point when we call you?

At work? Yes No

At home? Yes No

What times are you interested in volunteering?

Daytime Evening Flexible Holidays Other _____

Monday Tuesday Wednesday Thursday Friday Saturday

Do you have a reliable means of transportation? Yes No

How did you hear about Turning Point? _____

Do you have experience/skills in any of the following areas?

- | | |
|--|--|
| <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Sorting/Organizing |
| <input type="checkbox"/> Displays | <input type="checkbox"/> Computer Work/Data Entry |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Light Cleaning |
| <input type="checkbox"/> Retail Management | <input type="checkbox"/> Heavy Cleaning |
| <input type="checkbox"/> E-Bay selling | <input type="checkbox"/> Repairs (furniture, small appliances, toys) |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pick-Ups and Deliveries | |
| <input type="checkbox"/> Filing | |

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sexual orientation or sex. The organization is not obligated to provide a placement, nor are you obligated to accept the position offered. The above information is accurate and correct to the best of my knowledge and Turning Point has my permission to contact the references I provided.

Signature: _____ Date: _____

Thank you for taking the time to fill-out this application completely and honestly. Return to:

Turning Point, Inc.
Attn: Charlene Krolczyk
158 S. Main
Mt. Clemens, MI 48043
Phone : 586-468-3083 ext. 303
Fax: 586-463-1771
Email: ckrolczyk@turningpointmacomb.org



Background Check Authorization

Michigan State Police
Central Records Division
Freedom of Information - Name Inquiries
7150 Harris Drive
Lansing, MI 48193

TO WHOM IT MAY CONCERN:

Turning Point, Inc. is a non-profit organization. Our federal ID number is 38-2292020.

Below is the information needed to perform the criminal history record check under the Freedom of Information Act.

Please Print:

Name: _____
First Middle Last

Address _____
No. & Street City State Zip Code

Date of Birth: _____ Other names used: _____

Gender _____

Race: _____

Social Security number: _____

Driver's License # _____

Thank you.

Requested by: Martha Macauley, Human Resources, Turning Point, Inc.

I give Turning Point, Inc. permission to make this inquiry.

Employee Signature

Date