



Sexual Assault Services

Bronson Battle Creek

Volunteer Application

Welcome! Thank you for your interest in volunteering with us. This application is the first step in learning how your skills will best fit with our organization.

Please return completed application to the Volunteer Coordinator at 36 West Manchester, Battle Creek, MI 49037 or via fax at (269) 245-3924.

General Information:

Date: _____

Name: _____ Date of Birth: _____

Home Phone: _____ Alt Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email address: _____

Preferred method of contact: _____

Occupation/Employer: _____

Do you speak any languages other than English (incl. ASL)? If so, which? Level of proficiency?

Have you ever volunteered or worked for us in the past? **YES** **NO**

If yes, when and what capacity? _____

The following two questions are for statistical purposes only.

Please circle your highest completed level of education:

Grammar School	High School/ GED	2 Yr. Degree/ Associates	4 Yr. Degree/ Bachelors	Masters	Ph.D.	Trade/ Tech. School
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Students Only: If you are not a student, please skip to next section.

Are you earning course credit for volunteering with us? **YES** **NO**

Are you able to fulfill our six-month volunteer requirement? (enrollment in a class is **not** an exemption from this requirement)? **YES** **NO**

Criminal Background Check

Sexual Assault Services will check the criminal history of ALL volunteers with the Michigan State Police and Michigan Department of Health & Human Services. A criminal record will not necessarily disqualify an applicant. A criminal history is one piece of information that will be considered in determining the appropriateness of an individual to be a volunteer.

Please list any other names that you have been known by or have used in the past: _____

Have you ever been convicted of a crime? **YES** **NO**

If yes, please explain:

Health Issues

You may be exposed to common contagious diseases while volunteering with us. In addition to colds and the flu, disease you may be exposed to might include chicken pox, measles, mumps, and rubella. You may encounter scabies and head lice. Some of these diseases are particularly dangerous for pregnant women. All volunteers are required to be immunized for influenza and COVID-19. We strongly encourage all volunteers to get immunizations for tetanus, and hepatitis B, and to get tested for tuberculosis annually. Please speak to the volunteer coordinator if you have any concerns about these health issues.

Please read and sign:

I have answered the questions on this application to the best of my knowledge, and none of the answers are knowingly false. I meet the organizations requirements for volunteering, as explained elsewhere. I give permission for a criminal background check. I agree and abide by all Sexual Assault Services/Bronson Battle Creek policies, especially those regarding confidentiality and security. These policies will be further explained to me elsewhere.

Signature