



Volunteer Intake Form

The Volunteer Intake Form is designed to give applicants an opportunity to share their background experience, interests and skills, enabling MMCAA to make the best possible volunteer placement. Please return form to Volunteer Coordinator.

Contact Information (please print):

Name: _____

Today's Date: _____

Address: _____

Phone (day): _____

City, State, Zip: _____

Phone (cell): _____

County: _____

E-mail: _____

Are you interested in receiving e-mail news and updates about the agency? Yes No

(Mid Michigan Community Action does not share your e-mail information or personal information with anyone.)

Are you over the age of 18? ___ Yes ___ No If not, give date of birth: _____

Are you able to provide picture ID? ___ Yes ___ No

Have you volunteered at the agency previously? ___ Yes ___ No

Approximately how long have you volunteered regularly at the agency? _____

Availability (please check) :

- Weekly Monthly Occasional Special Projects
 Monday Tuesday Wednesday Thursday Friday Saturday
 AM PM

Interests (please check) :

- Warehouse/Packing Food Boxes Office Early Childhood Services Community Events
 Commodity Site Sign-in Community Garden VITA

Requirements (please check) :

Are you required to complete a minimum number of hours? ___ Yes ___ No If so, how many: _____

What is the deadline for completing these hours? _____

Who is requiring you to complete these hours? _____

Liability Waiver

I, the undersigned, being a volunteer involved with Mid Michigan Community Action or being the parent or legal guardian of such a volunteer at Mid Michigan Community Action (MMCAA), discharge and acquit MMCAA, its staff, board, officers, agents, representatives and affiliates of all actions, causes of action, claims or any liabilities whatsoever. I understand that while volunteering at and or for MMCAA I participate on my own accord and will not hold MMCAA accountable for any injury or harm that may arise from such activities.

Volunteer's Name (please print): _____

Volunteer's Signature: _____ Date: _____

Signature of Volunteer's Parent/Legal Guardian (if under 18): _____

*Must provide DHS clearance and may be required to have physical and TB test.



mid michigan
COMMUNITY
Action

"Helping People, Changing Lives."

Mid Michigan Community Action
1574 East Washington Road
P.O. Box 768
Farwell, MI 48622

Phone: 989-386-3805
Fax: 989-386-3277
Email: contactus@mmcaa.org
Web: www.mmcaa.org

Drug Free Workplace Certification

MMCAA
will maintain a drug-free workplace as required
by the regulations implementing
the Drug-Free Workplace Action of 1988,
34, CFR Part 85, Subpart F.

AS A CONDITION OF EMPLOYMENT OR SERVICE, ALL EMPLOYEES/VOLUNTEERS OF MID MICHIGAN COMMUNITY ACTION AGENCY MUST agree to participate in the agency's drug-free awareness program, and agree to abide by the agency's drug-free workplace regulations which are described below:

1. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in any Mid Michigan Community Action Agency, Inc. workplace or while performing work for the agency at any location.
2. Any employee/volunteer who receives any criminal statue conviction for a violation occurring in the workplace, or while performing work for the agency at any location, must notify Mid Michigan CAA no later than five days after such conviction.
3. Within in 30 days of receiving notice of such conviction, the following actions will be taken against employee/volunteers for violation such prohibition:
 - a. Appropriate personnel action will be taken against such an employee/volunteer, up to and including termination; **or**
 - b. Such employee/volunteer will be required to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.



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Emergency Contact Sheet

Name:	Doctor:
Address:	Doctor Phone: ()
City/State/Zip:	Hospital:
Home Phone: ()	Hospital Phone: ()

EMERGENCY NUMBERS:	
<i>(Please provide at least two)</i>	
Name:	Name:
Relationship:	Relationship:
Address:	Address:
City/State/Zip:	City/State/Zip:
Home Phone: ()	Home Phone: ()
Work Phone: ()	Work Phone: ()
Name:	Name:
Relationship:	Relationship:
Address:	Address:
City/State/Zip:	City/State/Zip:
Home Phone: ()	Home Phone: ()
Work Phone: ()	Work Phone: ()

Allergies:	Health Restrictions:
Signature:	Date:



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PRIVACY POLICY

1. In the course of employment and/or service with the Mid Michigan Community Action Agency (MMCAA), you may have access to information about our business, our customers and other employee/volunteers. This information must be kept confidential. If you are uncertain about whether information is confidential, check with your supervisor before discussing it with anyone.
2. All information pertaining to MMCAA Clients is confidential, and must not be discussed with or divulged to anyone, unless performance of their official duties requires access to the information. Even the presence of a particular client should not be acknowledged to others without proper authorization.
3. If an employee/volunteer leaves, the employee/volunteer must surrender all information-bearing items in his or her possession, whether or not containing confidential information, including but not limited to, diskettes and other storage media, notebooks, reports, and other materials from any third party containing MMCAA confidential information.
4. Confidential information is to be used only in connection with the legitimate functions of an employee/volunteer's job duties. The release of confidential information shall occur only with proper authorization. If contacted personally about confidential information, the employee/volunteer should direct the inquiring party to Human Resources or your Program Director. Client files should not be removed from the offices of MMCAA.
5. Documents containing Social Security numbers will be retained in accordance with the requirements of state and federal laws. At such time as documents containing Social Security numbers may be disposed of, such disposal shall be accomplished in a manner that protects the confidentiality of Social Security numbers, such as shredding.
6. Any employee/volunteer, who knowingly obtains, uses or discloses Social Security numbers for unlawful purposes or contrary to the requirements of this privacy policy shall be subject to discipline up to and including discharge. Additionally, certain violations of the Social Security Privacy Act carry criminal and/or civil sanctions. MMCAA will cooperate with appropriate law enforcement or administrative agencies in the apprehension and prosecution of any person who knowingly obtains uses or discloses Social Security numbers for unlawful purposes.

Signature of Employee/Volunteer

Date