



5716 Lancaster  
 Commerce Twp, MI 48382

Applications are required ensure all processing and interviews are completed. *Please complete the answers below. Follow all instructions.*

<b>Documents</b>			
Copies to Include:	<ul style="list-style-type: none"> <li>• Make and KEEP a copy of entire packet</li> </ul>		
<b>BE SURE</b>			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Entire Application completed including signatures?	<input type="checkbox"/>	<input type="checkbox"/>	
Witness Signatures are complete?	<input type="checkbox"/>	<input type="checkbox"/>	Located on page 5
Sign Consent for <b>Criminal Records Check</b>	<input type="checkbox"/>	<input type="checkbox"/>	Located on page 9
Carefully completed the <b>Central Registry Clearance?</b>	<input type="checkbox"/>	<input type="checkbox"/>	Located on page 10-11
Complete <b>LOCAL CLEARANCE</b> Process	<input type="checkbox"/>	<input type="checkbox"/>	Instructions on page 12
Complete FBI fingerprinting	<input type="checkbox"/>	<input type="checkbox"/>	Resident Advisor, Mentors, Support Staff
Submit a copy of your car insurance, registration and license	<input type="checkbox"/>	<input type="checkbox"/>	Resident Advisor, Mentors, Support Staff
<i>Would you like to be on the Mission 1:17 Prayer team?</i>	<input type="checkbox"/>	<input type="checkbox"/>	

## **Position Commitments & Requirements**

*Please Review before deciding your Mission 1:17 Involvement:*

### **RESIDENT ADVISOR**

**REQUIREMENTS:**

- Submit Resume
- Interview
- Read Manual
- Complete Clearances & FBI Check

**TRAINING:**

- Mission 1:17 Training Session

**SUGGESTED RESOURCES:**

- Participate in Open Arms Support Group
- *The Connected Child* by Karyn Purvis

**COMMITMENT LEVEL:**

- Reside in the home
- One Year Commitment

### **MENTORS**

**REQUIREMENTS:**

- Read Manual
- Interview
- Complete Clearances & FBI Check

**TRAINING:**

- Mission 1:17 Training Session

**SUGGESTED RESOURCES:**

- Participate in Open Arms Support Group
- *The Connected Child* by Karyn Purvis

**COMMITMENT LEVEL:**

- Four Hours per month of Quality Time with Mentee
- One Year Commitment

### **LIFESKILL VOLUNTEERS & ADMINISTRATIVE STAFF**

**REQUIREMENTS:**

- Read Manual
- Interview
- Complete Clearances

**TRAINING:**

- Mission 1:17 Training Session

**SUGGESTED RESOURCES:**

- *The Connected Child* by Karyn Purvis

**COMMITMENT LEVEL:**

- Fulfill Committed time

### **SUPPORT STAFF**

**REQUIREMENTS:**

- Interview
- Complete Clearances & FBI Check

**TRAINING:**

- Mission 1:17 Training Session

**SUGGESTED RESOURCES:**

- Participate in Open Arms Support Group
- *The Connected Child* by Karyn Purvis

**COMMITMENT LEVEL:**

- Fulfill Committed time



**FRIENDS / PERSONAL REFERENCES** (not former employers or relatives)

1.	( )	
Name	Address	Phone
2.	( )	
Name	Address	Phone
3.	( )	
Name	Address	Phone

**PERSONAL PROFILE**

Do you presently attend church? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Phone #: ( ) \_\_\_\_\_

Do you have any previous experience working with teens?  NO  YES, please describe:

Do you have previous training or background in dealing with abused, neglected or abandoned youth?  
 No  Yes If yes, Explain \_\_\_\_\_

Have you ever been abused, neglected, or abandoned?  No  Yes If yes, explain: \_\_\_\_\_

List below, three strengths and three weaknesses you may have *in working with teens* (please be specific)

Strengths

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Weaknesses

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please check all the words below which you believe accurately describe you:

- |                                    |                                    |  |                                    |                                      |                                     |                                      |                                    |
|------------------------------------|------------------------------------|--|------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Abrasive  | <input type="checkbox"/> Angry     | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Congenial | <input type="checkbox"/> Considerate | <input type="checkbox"/> Deliberate | <input type="checkbox"/> Dramatic    | <input type="checkbox"/> Gentle    |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Insecure      | <input type="checkbox"/> Integrity | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Integrity  | <input type="checkbox"/> Kind        | <input type="checkbox"/> Loving    |
| <input type="checkbox"/> Mature    | <input type="checkbox"/> Modest    | <input type="checkbox"/> Motivated     | <input type="checkbox"/> Nervous   | <input type="checkbox"/> Organized   | <input type="checkbox"/> Patient    | <input type="checkbox"/> Relaxed     | <input type="checkbox"/> Sarcastic |
| <input type="checkbox"/> Secure    | <input type="checkbox"/> Selfish   | <input type="checkbox"/> Stubborn      | <input type="checkbox"/> Studious  | <input type="checkbox"/> Tactful     | <input type="checkbox"/> Timid      | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Verbal    |

## IMPACT & INFLUENCE

How has your family responded to you being involved with Mission 1:17?

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What current areas are you involved in at your church or community?

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Have you been arrested for a criminal offense?

NO  YES

Have you been *accused* of any sexual misconduct?

NO  YES

Have you been *convicted* of any sexual misconduct?

NO  YES

Have you taken drugs other than prescription drugs?

NO  YES

If you answered "YES" to any of the above please explain: \_\_\_\_\_

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## APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with foster care youth. In consideration of the receipt and evaluation of this application by **Mission 1:17**, I hereby release any individual, church, youth organization, charity, employer reference, or any other person or organization, including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. I further state that I have carefully read the forgoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Please be advised that a criminal records check will be requested.

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**Print Name**

**Signature**

**Date**

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**Witness Name**

**Signature**

**Date**

# Medical Form

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Last Name	First Name	Middle Name	Sex	Age	Birth Date
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Address	Telephone
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Emergency Contact Name	Relationship	Telephone ( )
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## **CURRENT HEALTH ISSUES AND HISTORY:**

Indicate any known allergies, illness, disabilities, or physical limitations.

Allergies:

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Health problems, including current infectious diseases:

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Disabilities/Physical Limitations:

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*Please add any other comments related to HEALTH and MEDICATIONS on back of this sheet.*

**I certify that this information is true to the best of my knowledge.**

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<b>Signature</b>	<b>Date</b>
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## MISSION 1:17 Commitment Form

Volunteers must sign this commitment form. The **original** copy of this form is to be kept in the local files.

If I am approved as a volunteer for **Mission 1:17**, I will receive a copy of the **Mission 1:17 Training Material**. I agree to read it and attend training sessions and I will abide by all the procedures and policies therein.

I understand that my attendance is required for the training sessions and it is a condition of my service to Mission 1:17.

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Print Name

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Signature

---

Date

Name: \_\_\_\_\_



## **Volunteer Opportunities**

This lets us know where you would best fit on the team.  
Select from area(s) that you are applying for.

Please *check* any position/s you would like to discuss volunteering with the Mission 1:17 team.

## **Life Skill Educator Volunteer**

<input type="checkbox"/> Bible Study Leader	<input type="checkbox"/> Peer/Relationship Building
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Assist with applying for colleges & Jobs	<input type="checkbox"/> Interviewing Skills
<input type="checkbox"/> Writing Skills	<input type="checkbox"/> Communication Skills
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Self Awareness
<input type="checkbox"/> Resume Writing	<input type="checkbox"/> Effective Study Strategies
<input type="checkbox"/> Sports (football, soccer, baseball, swimming, basketball, etc)	<input type="checkbox"/> Tutor
<input type="checkbox"/> Craftsman (making and building things)	<input type="checkbox"/> Art
<input type="checkbox"/> Car Mechanic	<input type="checkbox"/> Couponing
<input type="checkbox"/> Outdoorsman Activities (hunting, fishing, camping, etc)	<input type="checkbox"/> Budgeting/banking
<input type="checkbox"/> Baking/Cooking	<input type="checkbox"/> Sewing
<input type="checkbox"/> Transporting Youth	<input type="checkbox"/> Other _____

### **ADMINISTRATIVE ROLES**

<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Volunteer Coordinator
<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Assist youth with attaining resources
<input type="checkbox"/> Organizing Donations	<input type="checkbox"/> Church Liaison
<input type="checkbox"/> Event Coordinator	<input type="checkbox"/> Other _____

## **Support Staff Volunteer \*requires FBI Clearance**

<input type="checkbox"/> Respite Support	<input type="checkbox"/> Wrap Around Family
<input type="checkbox"/> Mentor	<input type="checkbox"/> Psychologist/Social Worker
<input type="checkbox"/> Transportation Assistant	<input type="checkbox"/>
<input type="checkbox"/> Resident Advisor (reviewed yearly)	<input type="checkbox"/>







## **PROCESS FOR OBTAINING A CENTRAL REGISTRY CLEARANCE**

1. You can go to your local DHS office and request a Central Registry Clearance.
2. You will need to fill out the request form and your driver's license.

Or

1. Complete attached Request for Central Registry Clearance Form
2. Include a copy of your Driver's License
3. Mail information to your local DHS office:

Oakland County DHS  
51111 Woodward Ave.  
Pontiac, MI 48342

4. DHS will send a copy directly to Mission 1:17.

**PLEASE SUBMIT A COPY OF THE APPLICANT'S DRIVER'S LICENSE WITH THIS FORM**

**REQUEST FOR CENTRAL REGISTRY CLEARANCE**

State of Michigan  
Michigan Department of Human Services

INSTRUCTIONS: Complete the following information and submit request to your LOCAL Department of Human Services (DHS) Office. See [www.michigan.gov/canregistryclearance](http://www.michigan.gov/canregistryclearance) for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a **Central Registry Clearance** on myself.

Today's Date		
Name		
Birth date	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number ( )		
Other Names By Which Known (Maiden Names/Former Names)		

Indicate below how you want to receive the results of the central registry clearance:

I would like results mailed to the address on my picture identification.

**IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.**

I would like to pick up the results from the local DHS office.

**IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.**

I would like results mailed to:

Employer/Potential Employer  
Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Agency  
Address:

Mission 1:17

5716 Lancaster

Commerce Twp, MI 48382

IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.

<b>Signature of Requestor</b>	Signature of DHS Staff Person Completing Request
AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



### **Process for Obtaining a *Local Clearance***

- Go to your local law enforcement department.
- Be sure to bring picture identification.
- Request a local clearance.
- The clearance will be processed **while you wait** and documentation will be provided
- Cost is approximately between \$5 and \$10 (cash)
- Copy and return **original** clearance to Mission 1:17