

MICHAEL'S PLACE  
VOLUNTEER APPLICATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Hours Reached There: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Would you prefer to receive our monthly newsletters: \_\_\_\_\_ electronically (with this e-mail)  
\_\_\_\_\_ in the mail (hard copy)

Work Phone: \_\_\_\_\_ Hours Reached There: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Please answer the following questions. If more space is needed, please attach additional sheets.**

1. Why do you want to be a volunteer at Michael's Place?
  
  
  
  
  
  
  
  
  
  
2. What days/time would you like to volunteer and how frequently?
  
  
  
  
  
  
  
  
  
  
3. What type of volunteer work are you interested in? Please check one or more of the choices below.
  - Weekly Support group facilitator
  - Family Support Center (e.g. Make-a-Memory workshops)
  - Office help (e.g. newsletters, mailings, library organization and other special projects)
  - Helping to plan special fund-raising events
  - Computer Work- please explain experience or preferences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are not interested in being a facilitator and working with the children, please skip #4-6, answer #7 - 10, and return your signed application to our office. If you are interested in being a facilitator, please complete all of the questions.**

4. Describe your experiences in working with children:
  
  
  
  
  
  
  
  
  
  
5. Are you able to make a minimum three hour weekly commitment\* for one year to Michael's Place?  
Yes or No

**\* Note: Support groups meet weekly on Monday evening throughout the school year (excluding school holidays and snow days.)**

6. Support Group Facilitators must attend 8 hrs of training prior to working with groups. Can you attend training sessions during the evening? Yes or No (Circle)  
weekends? Yes or No (Circle)
7. Have you experienced the death of a family member or close friend? What relationship(s)? How long has it been since the death(s)? Please describe how this person(s) in your life died and how you coped with your experiences.
8. Do you have clinical certifications or degrees? \_\_\_\_\_  
If yes, please describe:
9. Have you ever been convicted of any felonies or misdemeanors (other than for a minor traffic offense)?  
Yes or No  
If yes, please explain:
10. In addition to English, do you speak any language fluently? \_\_\_\_\_  
If so, what language? \_\_\_\_\_
11. How did you hear about Michael's Place?

12. Please list previous and current volunteer experiences:

Organization	Type of Volunteer Work	Supervisor	Dates

I agree to give permission to Michael's Place to contact my previous or current volunteer supervisor(s) and I release my supervisor(s) from any liability for supplying information about my performance and suitability as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for your interest in being a Michael's Place volunteer!*

Complete and return this application to:

Michael's Place  
Attn: Program Coordinator  
1144 Boon St. – Suite A  
Traverse City, MI 49686