

4. Have you ever been convicted of any felonies or misdemeanors (other than for a minor traffic offense: Yes or No. If yes, please explain: _____

If you are not interested in being a facilitator and/or working with the children, please skip to question # 7. Otherwise, please complete all of the questions.

5. Describe your experiences in working with children:

6. If interested in facilitating, are you able to make a minimum three hour bi-weekly commitment for one year to Michael's Place?

Yes or No

7. Have you experienced the death of a family member(s) or close friend(s)?

Name: _____ Date of Birth: _____

Date of death: _____ Age: _____ Cause of death: _____

Relationship: _____

Name: _____ Date of Birth: _____

Date of death: _____ Age: _____ Cause of death: _____

Relationship: _____

8. Please describe how this person(s) in your life died and how you coped with your experiences:

9. How long has it been since experiencing your most recent loss? _____

We request a minimum of one year since most recent loss to become a support group facilitator.

10. Have you previously attended support group programming at Michael's Place? Yes or No.

How long has it been since you have attended? _____

11. Do you have clinical certifications or degrees? Yes or No. If yes, please describe: _____

12. Please list previous and current volunteer experiences:

Organization	Supervisor	Dates
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Organization	Supervisor	Dates
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Type of Volunteer Work: _____

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
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Michael's Place Volunteer Agreement

1. I have read and understand the policies regarding confidentiality contained in this document, and agree to follow them. (Read Attached: **Confidentiality and Indemnification**)
2. I agree to hold harmless **Michael's Place** staff and Board of Directors in the event of injury to myself, physically or emotionally, in the course of my volunteer work at **Michael's Place**. I have my own health insurance coverage to protect me in the event of such injury.

Volunteer Signature _____ Date _____

Confidentiality and Indemnification

Board Members, staff members and volunteers will, to the best of their ability, ensure confidentiality and privacy with regard to history, records, and discussions about clients and donors. Therefore, all volunteers are required to sign a confidentiality acknowledgment stating their responsibility and commitment with regard to client and donor information. Disclosure can be made only under specified conditions which are described below, for reasons related to law enforcement and fulfillment of our mission. Staff members, board members, and volunteers shall not disclose any information about a person, including the fact that the person is or is not served by **Michael's Place**, or has or has not donated to **Michael's Place**, to anyone outside of this organization unless authorized by the Program Director or Executive Director. This principle of confidentiality must be maintained in all programs, departments, functions, and activities.

- ❖ No information requested by someone other than staff or board members regarding whether a person is or has been served by **Michael's Place** or has donated to **Michael's Place** will be given. Volunteers are instructed to respond to such requests with the statement: "**Michael's Place** policy does not permit me to give out that information."
- ❖ Release of information forms will be explained and signed by the person about whom any information is to be released, before it is released.
- ❖ The taking of notes, copying of records or removal of records is strictly prohibited unless a release of information form has been properly completed.
- ❖ Volunteers will not discuss any individual's record with unauthorized individuals.
- ❖ Volunteers will not release or make copies of copyrighted and trademarked information regarding the Benevon Model of Sustainable Funding with individuals other than board or staff members of **Michael's Place**.

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

Complete and return this application to:

Michael's Place
Attn: Volunteer Coordinator
1212 Veterans Drive
Traverse City, MI 49684