



Kiwaniis Club of Ann Arbor

KIWANIS VOLUNTEER APPLICATION FORM

PLEASE PRINT SO ALL INFORMATION IS LEGIBLE

NAME (FML): _____ DATE OF BIRTH (MM/DD/YYYY): _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PREFERED PHONE #: _____ SECONDARY PHONE #: _____

EMAIL ADDRESS: _____

ARE YOU A STUDENT OR PART OF A CORPORATE GROUP? ___ YES ___ NO. GROUP NAME: _____

ARE YOU VOLUNTEERING FOR CREDIT HOURS (i.e. For School, Church, or Community Service)? ___ YES ___ NO.

NAME OF REFERENCE #1: _____ PHONE NUMBER: _____

NAME OF REFERENCE #2: _____ PHONE NUMBER: _____

HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF, A CRIME? _____

IF YES, EXPLAIN: _____

I HAVE SIGNED THE FORM PROVIDED FOR CONDUCTING A CRIMAL BACKGROUND CHECK ___ YES ___ NO.

HOW DID YOU HEAR ABOUT KIWANIS? _____

HOW MANY HOURS PER WEEK DO YOU WISH TO VOLUNTEER? _____

WHICH DAYS ARE CONSIDERING TO VOLUNTEER:

___ MON ___ TUE ___ WED ___ THU ___ FRI ___ SAT

PLEASE MARK ALL THAT INTEREST YOU BELOW:

Store Hours Open to Volunteers	
Mon: 8a-3p	Fri: 8:30a-3p
Tues: 9a-2p	Sat: 8:30a-3:30p
Wed: 8a-3p	<i>Volunteers are welcome any amount of time in these slots</i>
Thurs: 9a-2p	

Pre-Sale Departments

- | | | |
|-------------------|---------------------|------------------------------------|
| ___ COLLECTABLES | ___ CRAFTS | ___ SHOES |
| ___ ART | ___ HARDWARE | ___ SEWING |
| ___ BIKES | ___ HOLIDAY/ EVENTS | ___ SPORTS/OUTDOOR |
| ___ BOOKS | ___ HOUSEWARE | ___ MEDICAL |
| ___ RECORDS/CDs | ___ JEWELRY | ___ TOYS |
| ___ CAMERA/OPTICS | ___ LINENS | ___ ROUGH SORTING |
| ___ CLOTHING | ___ OFFICE SUPPLIES | ___ ELECTRONICS
(TEST & REPAIR) |

Sales Days Tasks:

- ___ CASHIER
- ___ CASHIER ASST (Packer)
- ___ LINE MONITORS
- ___ DONATION DOCK
- ___ SHELF RESTOCKING
- ___ REHANG CLOTHING
(from fitting rooms)

Voucher Program

- ASSIST SOCIAL WORKERS w/ DONATIONS**
- ___ WED (clothing only) 9am & 1pm
 - ___ THURS (full store) 9-11:30am

SIGNATURE: _____ TODAY'S DATE (MM/DD/YYYY): _____

KIWANIS MEDICAL EMERGENCY FORM (MEI)

PLEASE PRINT SO ALL INFORMATION IS LEGIBLE

PRIMARY EMERGENCY CONTACT NAME: _____

PRIMARY EMERGENCY CONTACT PHONE NUMBER(S): _____

RELATIONSHIP TO PRIMARY CONTACT: _____

SECONDARY EMERGENCY CONTACT NAME: _____

SECONDARY EMERGENCY CONTACT PHONE NUMBER(S): _____

RELATIONSHIP TO SECONDARY CONTACT: _____

IN CASE OF EMERGENCY, WHAT IS YOUR PREFERRED HOSPITAL TO BE TAKEN TO? _____

ANY MEDICAL ISSUES YOU THINK WE SHOULD BE AWARE OF? : _____

Application Process

Please complete all 4 forms

1. Application form (first page)
2. Medical Emergency information (this page)
3. iCHAT Background Check Authorization

Once complete, please return to Kiwanis via one of the following:

1. In Person –to Vol Coord, Sales Manager or Sales Cashier
2. via eMail (see below)
3. USPS to address (see below)

Upon a satisfactory background check you will be notified by the volunteer coordinator who will schedule your orientation training.

Application Reviewed by: _____

Date Reviewed: _____

This Section - For Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> BG complete | <input type="checkbox"/> Ack Form signed |
| <input type="checkbox"/> Orientation Scheduled | <input type="checkbox"/> Photo Taken |
| <input type="checkbox"/> Orientation Packet | <input type="checkbox"/> Filemaker |
| <input type="checkbox"/> Name Badge | <input type="checkbox"/> FoB |
| <input type="checkbox"/> Square code | <input type="checkbox"/> T-Shirt issued |

If you have any questions regarding this application or volunteering, please contact:

Volunteer Coordinator, Debbie

Phone: 734-389-5455

Email: volunteer@a2kiwanis.org

Kiwanis Club of Ann Arbor Foundation

100 N. Staebler Rd, Suite C

Ann Arbor, MI 48103

Thank you for your interest, we look forward to bringing you onboard to our team!

Kiwanis Club of Ann Arbor

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ICHAT Criminal History Background Check Authorization

I understand that (1) as a condition for the consideration of my application for employment with the Kiwanis Club of Ann Arbor Foundation (Foundation), or (2) as a condition of my service as an Officer or Director of the Foundation and of the Kiwanis Club of Ann Arbor (Club), that a Criminal History Background Check will be done and that a report will be provided to the Foundation by the Michigan State Police Internet Criminal History Access Tool (ICHAT).

I certify that the information provided below is true, accurate and complete to the best of my knowledge.

I consent to having a Criminal History Background Check performed by the Foundation.

Print Full Name (first, middle, last): _____

Maiden Name: _____

Other names used since age 18: _____

Date of Birth: _____

Race: _____

(ICHAT choices are either White; Black; Asian or Pacific Islander; American Indian or Alaska Native; or Unknown/Other)

Sex: _____

(ICHAT choices are either Male or Female)

Current Address: _____

Previous Addresses (Last 10 Years): _____

Other States lived in since age 18: _____

Signature: _____ Date: _____