



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**  
**MONDAY – SATURDAY 8AM – 3PM**

*Volunteers are welcome any amount of time in these slots*

**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<br>(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\*

VOLUNTEER NAME \_\_\_\_\_

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 issued      |
| <input type="checkbox"/> Dept Notified         | <input type="checkbox"/> T-Shirt issued  |

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

Volunteer & Engagement Coordinator

Phone: 734-389-5455

Email: [volunteer@a2kiwanis.org](mailto: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: \_\_\_\_\_