

# Calvary Christian Academy



*The Academy is committed to fulfilling God's command to "train up" their children to become Godly men and women, dedicated to the Lord Jesus Christ, who will strive to serve Him in every area of their lives.*

Thank you for expressing an interest in becoming a Volunteer at Calvary Christian Academy. A volunteer fulfills a vital need for students at our academy. They assist teachers and students in a multitude of ways. Just a few ways include: Helping students, in the classroom, assisting teachers in preparing class work, supervising students during snack time, lunch time, and recess, and chaperoning on field trips.

To insure our students are consistently receiving the highest quality of education in the most God honoring environment possible, all volunteers are required to:

- ❖ Complete the Volunteer Application
- ❖ Read and sign in agreement with the Employee/Volunteer Handbook
- ❖ Attend the Calvary Baptist Church's Child Protection Training
- ❖ Agree to sign a release for annual Background Checks and Central Registry clearances

By completing the Volunteer Application form, you are indicating a desire to become a Calvary Christian Academy Volunteer. Once your application has been received and your clearances have been completed, you will be notified of your acceptance as a volunteer.

Thank you again for desiring to take part in this very important ministry.

# Calvary Christian Academy



Volunteer's Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

MI Driver License # \_\_\_\_\_

Attending Church \_\_\_\_\_

Church Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_ Church Phone # \_\_\_\_\_

Days and hours available \_\_\_\_\_

Why I desire to be a volunteer at Calvary Baptist Academy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I give my permission for Calvary Christian Academy to conduct annual background checks, including but not limited to, Criminal Records and Central Registry.**

**I understand that this information will be used to determine my continued volunteer status for Calvary Christian Academy and will be kept confidential.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

**INSTRUCTIONS:**

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of your local county DHS, access [www.michigan.gov/dhs](http://www.michigan.gov/dhs) -> Inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

**COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS**

**OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE**

## SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

## SECTION 2 REQUESTOR INFORMATION

<b>Please Check Appropriate Box</b>			
<input type="checkbox"/> Child Welfare Agency	<input type="checkbox"/> I would like to pick up my results in _____ county	<input type="checkbox"/> Employer	<input type="checkbox"/> Volunteer Agency
<input type="checkbox"/> Law-Enforcement/Dept of Corrections	<input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI	<input type="checkbox"/> Out-of-State Adoption and Foster Home Screening	<input type="checkbox"/> Other _____
Name of Employer/Volunteer Agency/Individual		Name of CPS/Law-Enforcement or Court	
Name		Title	
Address		City	State
		Zip Code	
Phone	Fax	E-mail	Date
- -	- -		

**Employers/volunteer agencies** – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

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.