



UNDERGROUND RAILROAD, INC.

INDIRECT SERVICES VOLUNTEER APPLICATION CHECKLIST

Before you submit your application, please make sure you have done the following:

- Call the Volunteer Coordinator to discuss your interests and volunteer opportunities**
- Complete, sign and date the application (pg 1)**
- Sign the consent to a background check form (pg 2)**
- Complete, sign and date background check form (pg 3)**
- Complete, sign and date the Department of Human Services (DHS) form (pg 4)**
- Include your social security number on the background check forms**
- Include a copy of your driver's license**
- Volunteers approved to drive an agency vehicle must also provide proof of insurance and a copy of their driving record from the Secretary of State Office**

**We look forward to meeting you and having you volunteer at
Underground Railroad, Inc. and the Under the Rainbow resale shop**

Submit your application at one of the following locations:

Underground Railroad Administrative Office

5647 State St, Ste A

Saginaw, MI 48603-7607

(behind our resale shop, by Cartridge World)

Underground Railroad Resale Store

5647 State Street, Ste B

Saginaw, MI 48603-7607

Feel free to call if you have any questions!

989-399-0007, ext. 105

Thank you!



**INDIRECT SERVICE
VOLUNTEER APPLICATION**
Please print

Date of application: _____
Placement: _____

First Name *Middle Initial* *Last Name*

Street Address/Apt: _____ City _____ State/Zip _____

Home Phone () _____ Email: _____

Cell Phone () _____ Referred by: _____

Employer		Emergency Contact	
Business		Name	
Contact Person		Address	
Address		City, State, Zip	
City, State, Zip		Work Phone: ()	
Phone ()		Cell Phone: ()	

DAYS AND HOURS AVAILABLE

Sunday	From		To	
Monday	From		To	
Tuesday	From		To	
Wednesday	From		To	
Thursday	From		To	
Friday	From		To	
Saturday	From		To	

How many hours would you like to volunteer?	
Per day?	
Per week?	
Per month?	
Total?	

I affirm that the information provided on this application is true and complete. I hereby give my permission and authorize representatives of Underground Railroad, Inc. to investigate any or all of the statements I have made in this application. As a part of this application, I consent to allowing Underground Railroad, Inc. to conduct a criminal background investigation and to complete a reference check.

Signature _____ Date ____/____/____

Please mail application to:
Underground Railroad, Inc.
Attn: Volunteer Coordinator
5647 State St, Ste A
Saginaw, MI 48603-7607
Phone: 989-399-0007, ext 105
Fax: 989-399-0010

Underground Railroad Inc.
CONSENT FORM

PLEASE READ CAREFULLY BEFORE YOU SIGN.

I, _____, agree and consent to allow the Underground Railroad, in Saginaw, Michigan to obtain federal, state, or local criminal records, public and non-public information, all records relating to my motor vehicle driving history and any other social or legal history including any records in the possession of federal, state or local social service agency, public or private, that may provide information regarding my qualifications to be a volunteer or paid staff member of the organization. **I agree to incur the costs of the background search.**

I also agree to waive any and all claims that such information is privileged or confidential but only to the extent that such information be used to determine my qualifications to be a volunteer or paid staff member of the organization and for no other purpose. Any dissemination or publication of the information obtained, either in writing or orally, for any reason or purpose beyond that to which I have agreed is not authorized and any legal rights or remedies for any injury or harm that occurs to me will be available to me. Except that I agree to hold harmless and to take no action, legal or otherwise of whatever kind or description against any public or private law enforcement agency or any other public or private agency, any of their agents, servants or employees who release information in the same form or manner that would otherwise be allowed by law and in reliance on this consent to the organization.

Any information that is received by the organizations shall be shared with me by the organization so that I may have an opportunity to clarify, explain or otherwise defend my record and actions that may have occurred which are revealed by the information obtained by the investigation.

I have read this consent form and understand what it means. I freely and voluntarily agree to sign this consent with the understanding that some or all of the information may not necessarily be available to the organization without this Consent. I also understand that I may be giving up some legal rights and privileges that I may have.

Signature

Date

Underground Railroad Inc.
Background Check Form

LAST NAME	FIRST NAME	MIDDLE
BIRTH NAME (please see below)		PREVIOUS NAMES (please see below)

STREET ADDRESS	
CITY/ZIP	EMAIL ADDRESS

PREVIOUS ADDRESS	
CITY/ZIP	

DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER	
DRIVERS LICENSE NUMBER	ISSUING STATE	RACE	SEX

SIGNATURE	DATE
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WITNESS	DATE
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Date received _____ Staff _____

ICHAT _____ MI and Nat'l PSOR _____ DHS _____

If driving an agency vehicle: Proof of Insurance _____ Copy of Driving Record _____

CENTRAL REGISTRY CLEARANCE REQUEST
Michigan Department of Health and Human Services

Copy Photo ID Here
or
Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)		Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)		Social Security Number		Date of Birth
Address		City	State	Zip Code
Phone Number		Email		
<input type="checkbox"/> I am completing this for myself.		<input type="checkbox"/> I would like to pick up my results _____ County (For Michigan Residents Only).		

SECTION 2 REQUESTER INFORMATION

Please Check Appropriate Box

Employer Volunteer Agency Adoption/Foster Care Home Screening Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney
 Other _____

Name of Agency or Organization
Underground Railroad, Inc.

Name of Requester
Crystal Sanders, Volunteer Specialist

Address	City	State	Zip Code
5647 State St. Ste. A	Saginaw	MI	48603
Email	Fax	Phone Number	
csanders@undergroundrailroadinc.org	989-399-0010	989-399-0007	

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

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.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.