

Name or I.D. #: _____

NHO Date: _____



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

VOLUNTEER INFORMATION SHEET

Identification #: _____ Activity Title: _____			
Last Name		First	Initial
Address		Day Phone	
City _____	State _____	Zip _____	Last 4 digits of Social Security # _____
Email _____			
Education - Please indicate education level			
Please Check		Area of Study	School
<input type="checkbox"/>	High School Graduate		
<input type="checkbox"/>	Trade School		
<input type="checkbox"/>	Some College		
<input type="checkbox"/>	Associates Degree		
<input type="checkbox"/>	Bachelor's Degree		
<input type="checkbox"/>	Master's Degree		
<input type="checkbox"/>	Doctorate Degree		
Please list any related volunteer or work experience and skills you feel would be beneficial to Community Mental Health Authority volunteer activity.			

In Case of Emergency, Contact:

Name: _____

Address: _____

Phone: _____

Volunteer shall be in complete compliance with all applicable Federal, State, and Local laws, ordinances, rules and regulations, including, but not limited to, the Michigan Mental Health Code and the MDCH. Volunteer shall also comply with all applicable policies, rules and regulations established by CMHA-CEI and the professional standards of his/her profession. Failure to comply with the provisions of this section shall be considered a material breach and grounds for the Volunteers immediate dismissal by CMHA.

I certify that all statements made on this form are true and complete.

Signature

Date

Name or I.D. #: _____



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For Supervisory Staff Only

Brief Description of task(s)/service(s) individual will be performing or rendering:

If individual is a intern, please indicate which trainings this individual will receive:

Duration of assignment (include beginning and ending dates):

Signature

Date

Program Name

Sub-Unit Name

**This packet must be forwarded to the Human Resources Department
Attn: Hiring and Recruitment Unit.**



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

Print Name or I.D. # _____

Background Check Consent Form

Community Mental Health Authority, Clinton, Eaton Ingham Counties (CMHA-CEI) does not employ individuals, provide assignments and/or internships/practicum's to individuals without conducting a criminal history check. I understand that this condition of my employment/placement with CMHA-CEI will be effective for the duration of my relationship with CMHA-CEI. So, as a condition of employment/placement with CMHA-CEI, I understand and agree that:

- CMHA-CEI may obtain a background check, a sex offender check, and a search of state and federal criminal history records, abuse and neglect registries and databases and OIG (Office of Inspector General) check, on me. I also acknowledge and agree that CMHA-CEI may perform a State and Federal Bureau of Investigation (FBI) fingerprint-based check;
- this Consent extends to the release and sharing of such information with the Michigan Departments of Licensing and Regulatory Affairs, Human Services, Michigan State Police (MSP) and FBI. I further understand the MSP and FBI may retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 for other routine uses. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety;
- the convictions and/or findings listed on **Part C** may disqualify me from working/placement for CMHA-CEI. "Conviction" includes any plea of guilty or nolo contendere (no contest), including cases that resulted in a deferred sentence or delayed sentence;
- except for a knowing or intentional release of false information, CMHA-CEI should have no liability for a background check conducted under Michigan law, MCL 333.20173a, MCL 330.1134a, MCL 440.734b and relevant federal law, or the release of criminal history record information for the purposes of making an employment/placement decision;
- CMHA-CEI will make the final employment/placement determination and may terminate the background check or decide not to hire/place me at any stage of the process or decide to discontinue my employment/placement;
- any false or omitted information in this declaration may result in a discontinuation of the hiring/placement process or my discharge from employment/placement; and
- the above background checks may occur at date of hire and on an ongoing basis throughout employment, currently on a triannual basis.

I authorize the release of any relevant information to CMHA-CEI necessary to be used to conduct the background check as described above and I agree to provide the information necessary to conduct the background check.

Signature: _____

Date: _____

Printed Name: _____



Employee/Student/Volunteer Background Check Authorization Information

In connection with your application and throughout your employment/placement at CMHA-CEI, we may verify information within the application or other materials relating to your employment/placement. As part of that verification process, we may ask a background check vendor to get a consumer report and/or an investigative consumer report on you. The background check may include, but not be limited to, a credit history, OIG check (Office of Inspector General), criminal background check, employment verification, education verification, reference check, public records check, driving records check, and professional license check.

If we perform an investigative report based on personal interviews concerning your character, general reputation, personal characteristics, and lifestyle, you have a right to get a description of the nature and scope of the investigation. If we use a third party to perform these checks and information from any of these reports is used in whole or in part in making an adverse decision regarding your employment, before making the adverse decision CMHA-CEI will provide to you a written description of your rights under the Fair Credit Reporting Act.

- I authorize a check of my background, which I understand could include a check of any or all of the sources explained above. I understand that, to the extent allowed by law, information contained in my application or otherwise disclosed by me may be used for the purpose of conducting a background check; and
- I authorize CMHA-CEI and/or the third party background vendor, to get information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, credit history, OIG checks, personal references, and all other available information CMHA-CEI determines is relevant to my employment/placement; and
- I acknowledge that this standalone Authorization Form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by CMHA-CEI.

Signature of Applicant/Employee: _____ Date: _____

Print Full Name: _____ Other Names Used: _____

(Maiden, Alias, Nickname)

Driver's License/State I.D. Number: _____ State Issued: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Current Residence Address: _____
Number & Street City State Zip

List on the back all Residence Addresses in Past Seven Years if different from current address.

Gender: Female ___ Male ___ Race: ___ Asian ___ Native American
___ Black ___ Pacific Islander
___ Hispanic ___ White
___ Other

Disclosure Notice

The following convictions and/or findings may disqualify you from working/placement at CMHA-CEI. "Conviction" includes any plea of guilty or nolo contendere (no contest), including cases that resulted in a deferred sentence or delayed sentence.

- a. **Relevant Crime Described under 42 USC 1320a-7** – The crimes include patient abuse, health care fraud, and any crimes related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.
- b. **Felony** – Any felony, or an attempt or conspiracy to commit any felony.
- c. **Misdemeanor** - Any state or federal crime that is substantially similar to the misdemeanors described below:
 - Any misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
 - Any misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
 - Any misdemeanor involving criminal sexual conduct.
 - Any misdemeanor involving abuse or neglect, torture, or cruelty.
 - Any misdemeanor involving home invasion.
 - Any misdemeanor involving embezzlement, larceny, fraud, theft or second or third degree retail fraud.
 - Any misdemeanor involving negligent homicide.
 - Any misdemeanor involving the possession, use or delivery of a controlled substance.
- d. **Any finding of Not Guilty by Reason of Insanity**
- e. **A substantiated finding of patient, consumer or resident neglect, abuse, or misappropriation of property resulting from an investigation conducted in accordance with 42 USC 1395i or 1396r***

_____ I have not been convicted of, nor are there any charges pending against me based on the types of offenses listed above, nor have I had any child abuse or neglect case substantiated against me.

I certify that the above statement is correct and complete to the best of my knowledge. If it is not, those offenses for which I have been convicted and felonies that are currently pending are listed on page **Part C**.

Signature: _____ Date: _____

Printed Name: _____



[PART C]

Offenses

_____ Listed below are all offenses for which I have been convicted, including terms and conditions of sentencing, parole and probation, and/or a substantiated finding of patient or resident neglect, abuse, or misappropriation of property. Also listed are felonies currently pending against me.

Offense	Date Convicted/ Date Charged (if pending)	City	State	Sentence	Date of Discharge
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Following is an explanation of successful rehabilitation since each conviction and/or relevant factors to be considered:
Offense: _____

Offense: _____

Offense: _____

Following is an explanation of each pending felony charge currently alleged against me, the date charged, circumstances and date expected for disposition:

Note: pending felony charges standing alone may not be used to take a negative employment action (e.g., not hiring, firing or suspending an applicant or employee or placement of a student or volunteer). However, a pending felony may trigger an inquiry into whether the underlying conduct justifies such action.

Pending Felony: _____

Pending Felony: _____

Pending Felony: _____

I certify that the above statements and information are correct and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____