

West Midland Family Center
Connect & Serve
Adult Candidate Application

4011 W. Isabella Rd. (M-20)

(989)832-3256

wmfc.org

Last Name _____ First _____ Initial _____
Alias _____ Maiden Name _____
Address _____ Male _____ Female _____
Birthdate ____/____/____ Daytime phone () _____ Evening phone () _____
Cell phone () _____ Email address _____
Best time to be reached _____ Preferred choice of contact: Email Home Work Cell

Driver's License # _____ Expiration Date _____
Endorsements: ____Chauffer's license ____CDL-Passenger ____CDL-School Bus

Current Employer or School
Name _____ Phone _____
Address _____
IF Retired, from where _____
Highest Grade Completed ____GED ____High School ____Assoc. ____B.A. ____M.A. ____D.O.
Degree(s)/Major(s) _____

Age Category: ____18-24 ____25-55 ____56-64 ____65 & over

Physical limitations or medical restrictions/allergies _____
Emergency Contact Person _____ Phone _____

How you heard about WMFC _____
Your reason for volunteering _____
Time commitment desired: ____1 time event ____weekly ____monthly ____seasonally ____ongoing
Number of hours you wish to volunteer (if specific) _____



Days and times available: _____

Date you would like to start _____ Date you need to have completed _____

Type of volunteer experiences you might be interested in _____

What you hope to gain or learn from this experience _____

Interests Skills Hobbies



List some of your favorite activities _____

Check volunteer areas that you are interested in or have skills in:

- | | | | |
|--|----------------|----------------------------|----------------------|
| ___ Young Children | ___ Elementary | ___ Teens | ___ College age |
| ___ Adults | ___ Seniors | ___ Families | ___ Food Pantry |
| ___ Education | ___ Tutoring | ___ Social Work | ___ Parent Education |
| ___ Clerical | ___ Computers | ___ Cooking | ___ Clothing Room |
| ___ Reading | ___ Writing | ___ Arts & Crafts | |
| ___ Carpentry/Construction | | ___ Handyman Skills (list) | _____ |
| ___ Sports (list) | _____ | | |
| ___ Business or Professional skill(s)-(list) | _____ | | |
| ___ Special Events/One time Events | _____ | | |
| ___ Other (list) | _____ | | |

I agree to allow West Midland Family Center to request verification from the Michigan State Police regarding possible criminal history.

I also agree to secure from the Michigan Department of Human Services, a DHS Clearance, stating that I have not been named in a central registry case as the perpetrator of child abuse or child neglect. *See separate sheet.

Signature: _____ Date _____