



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:

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

Please return application to Helen Roth, Connect & Serve Coordinator