

# INTERNSHIP APPLICATION

**PLEASE PRINT**

**NORTHWEST MICHIGAN COMMUNITY  
ACTION AGENCY**  
3963 Three Mile Road, Traverse City, Mi 49686  
(231) 947-3780

Auxiliary aids and services and reasonable accommodation provided upon request.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last First Middle In.

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_ Drivers License # \_\_\_\_\_

Position(s) of interest \_\_\_\_\_ Volunteer how often? Daily [ ] Weekly [ ] Other [ ]

Person to notify in case of an emergency:

Name	Relationship	Phone number(s)
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Do you own a licensed and insured vehicle? ..... Yes [ ] No [ ]

Have you ever been employed by NMCAA? ..... Yes [ ] No [ ]

Are you related to a current employee of NMCAA? ..... Yes [ ] No [ ]

Have you been convicted of a felony in the last seven (7) years? ..... Yes [ ] No [ ]  
 (Such conviction may be relevant if related, but does not bar you from volunteering.)

If yes, please explain: \_\_\_\_\_

Are Felony Charges currently pending? ..... Yes [ ] No [ ]

If yes, please explain: \_\_\_\_\_

Relevant Employment History			
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	

Please briefly explain your interest and/or the goals you hope to achieve as a result of your internship with us.

Please list any other previous volunteer/intern work.

Please list any skills, interests or hobbies.

Do you have any conditions that might limit your ability to perform your internship responsibilities? Please explain.

### Educational Background

Name and Location	Years Completed	Did you Graduate?		Course of Study
High School:				
College:		Major	Degree	
Other:				

References:	Name	Telephone Number	Years Known
		( )	
		( )	
		( )	

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from NMCAA.

I give NMCAA the right to check all references. I hereby release from liability NMCAA and it's representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

While volunteering, I understand that just as I am free to resign at any time, NMCAA reserves the right to terminate my volunteering at any time, with or without cause and without prior notice. I understand that no representative of NMCAA has the authority to make any assurances to the contrary.

NMCAA is an Equal Opportunity Employer. NMCAA does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for volunteering on a basis prohibited by local, state, or federal law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR N.M.C.A.A USE ONLY:** VOLUNTEER [ ] CHARACTER [ ] RESUME' [ ]  
REFERENCES CHECKED \_\_\_\_\_ INTERVIEWED [ ] ACKNOWLEDGEMENT SENT [ ]  
Initial

NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY

ICHAT/SOR CLEARANCE REQUEST

Employment with the Northwest Michigan Community Action Agency is contingent upon the completion of the State of Michigan’s Internet Criminal History Access Tool (ICHAT) report and the National and State Sex Offender Registry (SOR) check. These background checks indicate misdemeanors as well as felony charges and the out comes of those charges.

Please provide the following information needed for the completion of the ICHAT/SOR clearance.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

This signature certifies the above information to be correct and grants permission to NMCAA to obtain the ICHAT and SOR clearance reports.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

Potential Employment Location: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Employee                      \_\_\_\_\_ Volunteer

Please check appropriate clearance check

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_

Race: \_\_\_\_\_

\_\_\_\_\_  
Issuing Coordinator/Manager                      ICHAT completed by \_\_\_\_\_  
Date: \_\_\_\_\_

Return this completed form to Human Resources  
Original ICHAT goes to Human Resources with a copy to the coordinator/supervisor and a copy to the center.

# 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 in		County (For Michigan Residents Only).	

## SECTION 2 REQUESTER INFORMATION

Check Appropriate Box			
<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Volunteer Agency	<input type="checkbox"/> Adoption/Foster Care Home Screening	<input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney
<input type="checkbox"/> Other			
Name of Agency or Organization Northwest Michigan Community Action Agency, Inc.	Name of Requester Julie McNally		
Address 3963 Three Mile Rd N	City Traverse City	State MI	Zip Code 49686
Email jmcnally@nmcaa.net	Fax 231-922-0595	Phone Number 231-346-2104	

**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.

# NMCAA CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_, as an employee/  
AmeriCorps Member/subcontractor/volunteer of Northwest Michigan Community Action  
Agency, understand that in the course of my work I may learn certain facts which are of  
a personal and confidential nature about individuals who are served by the NMCAA  
programs. This may include information about personal finances; employment; living  
arrangements; medical condition and treatment; sexual practices and/or experiences;  
relations with family and/or friends; other-agency involvement; etc. I understand that all  
such information, including the identity of those individuals, must be completely  
confidential, even after I am no longer working at or contracting with NMCAA. Any  
document containing the above confidential information must be stored for the required  
length of time and then destroyed to avoid the disclosing of confidential information.

I agree not to disclose any information of a personal and confidential nature to  
ANY person who is not affiliated with NMCAA and authorized to have such information.  
Only with specific consent of the individual to whom the information pertains will that  
information be released.

I further understand that failure to comply with these terms of confidentiality is  
grounds for termination of my employment or contract with NMCAA, and may also  
subject me to possible legal action under the laws of the State of Michigan, and other  
jurisdictions.

\_\_\_\_\_  
Staff/AmeriCorps Member/Subcontractor/Volunteer Signature

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Northwest Michigan Community Action Agency

## Criminal Clearance Statement

Have you been convicted of child abuse or neglect? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you been convicted of a felony involving harm or threatened harm to an individual, robbery or larceny or property destruction in the past 10 years or within the 10 years immediately preceding the date of hire or contract? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you checked yes to either of the above questions, describe the incident and disposition of charges, as well as the current status on the space available below.

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Marking yes may not prevent you from working with Northwest Michigan Community Action Agency, however, certain criminal activities exclude participation in NMCAA programs and projects depending on the recency and nature.

<p><b><u>STAFF, CONTRACTORS &amp; VOLUNTEERS</u></b></p> <p>This signature certifies the above statements are true.</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Print your name</p> <p>_____</p> <p>Reviewed by</p> <p>_____</p> <p>Date: _____</p>
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This form is completed annually.

Place in appropriate department file.