

Lapeer Team Work, Inc.  
PO Box 294  
Lapeer, MI 48446  
810.664.2710

File #:	_____
CMH#:	_____

### MEDICAL SHEET

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SS#: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ GUARDIAN STATUS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ MEDICAID#: \_\_\_\_\_

MEDICARE#: \_\_\_\_\_ Other insurance: \_\_\_\_\_

### Medical/Emergency/Information

CONTACT PERSON: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2<sup>ND</sup> CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

DR. NAME: \_\_\_\_\_ DR. PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ INSURANCE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

MEDICAL WORK LIMITATIONS: \_\_\_\_\_

SEIZURE HISTORY:  YES  NO      DATE OF LAST TETANUS: \_\_\_\_\_

Friends of Lapeer Team Work, Inc.  
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## CRIMINAL HISTORY CHECK

As a prospective volunteer of Lapeer Team Work, Inc.:

I understand that it is this agency's policy to secure conviction criminal history information as part of their pre-employment screening process using the information provided below:

Please Print:

Name: \_\_\_\_\_  
Last First Middle

Maiden Name/Names Previously Used: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

I understand that the Central Records Division of the Michigan State Police, Lansing, Michigan required the above information. I authorize Lapeer Team Work, Inc. to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Please provide a copy of your Michigan Driver's License or State Identification. \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**AUTHORIZATION TO DISCLOSE  
EMPLOYEE INFORMATION  
AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, authorize Lapeer County Community Mental Health (LCCMH) and the LCCMH  
(print full name)  
 Office of Recipient Rights to disclose to the Provider/Consumer listed below any and all information in your possession regarding any violation of recipients' rights committed by me. I recognize that any disclosure cannot include confidential client information protected by any Federal, State, or common law.

I, \_\_\_\_\_, release LCCMH and the LCCMH Office of Recipient Rights, its officers, its agents  
(print full name)  
 and its employees for disclosing the information requested by me and I shall indemnify and hold harmless should any claims, suits or actions be filed against them.

**PREVIOUS PLACES OF EMPLOYMENT:**

- |          |                                |
|----------|--------------------------------|
| 1. _____ | Dates employed: _____ to _____ |
| 2. _____ | Dates employed: _____ to _____ |
| 3. _____ | Dates employed: _____ to _____ |
| 4. _____ | Dates employed: _____ to _____ |
| 5. _____ | Dates employed: _____ to _____ |

Applicant's Signature	Date	Applicant's Maiden Name
Witness Signature	Date	Applicant's Social Security Number

**INFORMATION TO BE SENT TO:**

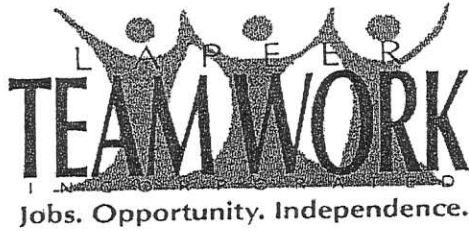
\_\_\_\_\_  
 Provider

\_\_\_\_\_  
 Fax #

**RIGHTS OFFICE USE ONLY**

The above applicant does  does not  have a substantiated recipient rights violation(s) according to LCCMH records.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 LCCMH Office of Recipient Rights



Lapeer Team Work, Inc.  
Friends of Lapeer Team Work  
Volunteer Information

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Emergency Contact and Telephone Number

\_\_\_\_\_  
Work or Volunteer Experience

\_\_\_\_\_  
Language(s) Spoken

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Description of Training or Experience

\_\_\_\_\_  
Preferred volunteer opportunity

**Equal Opportunity Statement**

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000d).

Lapeer Team Work, Inc. is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1.A.

\_\_\_\_\_  
Signature of Applicant:



**Lapeer Team Work, Inc.  
Friends of Lapeer Team Work  
Volunteer Information**

Please indicate the areas of interest:

**Board of Directors Committee Assignments**

Finance Committee

Nominating Committee

Personnel Committee

Policy Committee

Fundraising

Golf Tournament

Poker Palace

**Production Services**

Entrepreneur Activities

**Information and Technology Training**

Newsletter

Computer Training

**New to You Consignment and Retail Training Center**

Donate with a Purpose

Marketing/Pricing

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## VOLUNTEER LETTER OF INDEMNIFICATION

I wish to contribute time to Lapeer Team Work, Inc. without pay from the agency. In doing so, I accept the following responsibilities:

- I will maintain confidential matters related to Lapeer Team Work, Inc. and its consumers.
- I understand that I am not protected by the worker's compensation policy of Lapeer Team Work, Inc.
- I may be working in the presence of individuals with mental, emotional, and physical impairments. Some of these individuals may display inappropriate social behaviors. I realize I will need to display patience and respect the dignity and rights of individuals, with the help and direction of Lapeer Teams Work staff.
- I will not hold Lapeer Team Work, Inc. responsible for injuries sustained in the work place, nor any required medical care. I will follow safety procedures after being provided with the safety information.
- I agree to follow the schedule of volunteer work as provided by Lapeer Team Work, Inc. A copy of the job description is attached and I will read and abide by this document. I realize that by not following staff policies and procedures that I may be dismissed.
- Lapeer Team Work, Inc. may decline to use my volunteer services or may terminate use of my services at any time.
- I authorize Lapeer Team Work, Inc. to perform a Michigan State Police Criminal Background Check off of my driver's license or Michigan I.D. I also authorize Lapeer Team Work to perform a recipient rights check to Community Mental Health from information off of the signed release form.
- My performance as a volunteer will be provided at the time of my exit and performed annually.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_