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Public Schools

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Public Schools

Dear T.E.A.M. 21 Program Volunteer,

Thank you for your interest in volunteering in the T.E.A.M. 21 program. Your commitment to serving the youth in our community is greatly appreciated, and we are looking forward to working with you soon.

Because a volunteer position in T.E.A.M. 21 involves working directly with students in a school setting and our sites operate as licensed child care centers, we hope you understand that we are required to do certain background checks before you can begin. The documents that you need to complete are described below.

City of Wyoming Parks and Recreation Volunteer Application Form – This document provides the Parks and Recreation Department with some general information and authorizes the City of Wyoming to conduct a Michigan State Police Criminal History Check and a Michigan Public Sex Offender Registry Inquiry.

Request for Central Registry Clearance – This form authorizes the Michigan Department of Human Services to check your name against a registry of people known to the state to have committed child abuse or neglect. We will submit this form on your behalf. We ask that you check the box to have the results sent directly to the City in order to expedite the process. If you choose to have results sent to you instead, you will need to provide the letter you receive before you begin volunteering. This check also requires a photocopy of a picture ID.

Notification of Mandated Reporter Status – This form provides an overview of the Mandated Reporter section of the Michigan Child Protection Law and asserts that you understand that, as a volunteer in T.E.A.M. 21, you are a mandated reporter of child abuse and neglect. We are required to have you review this information and sign the form before you have contact with students. We will keep the form on file with your volunteer application.

Thank you for your cooperation and understanding. Our first concern is for the safety and well-being of the students enrolled in our programs. You will be contacted once your application has been processed and you may begin volunteering at that time. Please feel free to contact us with any question or concerns you may have.

Thank you,

T.E.A.M. 21 Staff
City of Wyoming Parks and Recreation
616-530-3164
team21@wyomingmi.gov
www.wyomingmi.gov/team21



Applicants Authorization & Agreement
(Please read the following carefully before signing)

I hereby certify that all statements on this application are made truthfully, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being accepted as a volunteer, or if accepted may result in my dismissal.

I authorize the City of Wyoming to secure additional relevant information from my employer, prior employer, educational institution or any other persons or organizations concerning my employment, education, disciplinary information or any other relevant information, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to the City of Wyoming.

In accordance with A.D.A. requirements, if I require special accommodations to perform my services, I must notify the Wyoming Parks and Recreation Department of that need within 182 days after I knew or reasonably should have known that special accommodations were needed. Failure to do so will bar me from alleging that the City of Wyoming has not accommodated me as required by law.

I hereby authorize the City of Wyoming to secure a criminal conviction history from the appropriate law enforcement agencies, should the City determine it necessary to do so. In addition, I will furnish the necessary identification for such an investigation to take place.

I hereby grant the City of Wyoming permission to use and display my likeness in photographs(s)/video in any publication, multimedia production, display, advertisement or World-Wide Web publication for Wyoming Parks and Recreation or its constituent departments.

I agree to abide by all program rules and regulations set forth by the Wyoming Parks and Recreation Department. I understand that my volunteer services may be terminated at any time by that department. I also understand that there are certain inherent risks involved in any activity. I hereby release, discharge and hold harmless the City of Wyoming and its officers, employees, volunteers, contributing sponsors and affiliate organizations from any and all liability for any physical or mental injury or aggravation of any pre-existing condition, illness or disability, death, loss of enjoyment or any other harm or loss of any nature which may be sustained by me while serving as a volunteer for the Wyoming Parks and Recreation Department.

Please print name with one letter in each box.

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

_____ Date _____

Applicant's Signature

Please print name with one letter in each box.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

_____ Date _____

Parent's Signature (If Applicant Under 18)

*Your signature indicates your approval for your child's participation as a volunteer in this program.

If you have any questions or concerns regarding this application, please call our office at (616) 530-3164.

The Wyoming Parks and Recreation Department promotes a non-discrimination policy that ensures participation for all regardless of race, religion, sex, economic status or disability.

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of your local county DHS, access www.michigan.gov/dhs->Inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

Child Welfare Agency
 Individual I would like to pick up my results in _____ county
 Law-Enforcement/Dept of Corrections
 Prosecuting Attorney/Court (please provide docket number if available) _____ MI _____

Employer
 Volunteer Agency
 Out-of-State Adoption and Foster Home Screening
 Other _____

Name of Employer/Volunteer Agency/Individual Wyoming Parks and Recreation - TEAM 21	Name of CPS/Law-Enforcement or Court
Name	Title
Address 1155 28th Street SW	City Wyoming
Phone 616-530-3164	State MI
Fax 616-249-3400	Zip Code 49509
E-mail team21@wyomingmi.gov	Date

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

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.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Notification of Mandated Reporter Status

The Michigan Child Protection Law, 1975 PA 238, MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. The Child Protection Law includes the legal requirements for reporting, investigating, and responding to child abuse and neglect.

Under the law, employees and volunteers of a regulated child care provider, such as T.E.A.M. 21, are listed as mandated reporters. Mandated reporters are always required to report suspected child abuse and neglect to the Department of Human Services (DHS)/Children's Protective Services (CPS) division. The report must be made directly to DHS. There are civil and criminal penalties for a mandated reporter's failure to make a report. Likewise, there is a civil and criminal immunity for someone making a report in good faith.

The Child Protection Law requires mandated reporters to make an immediate verbal report to CPS/DHS upon suspecting child abuse and neglect, followed by a written report within 72 hours. The written report is the completion of the Report of Suspected Child Abuse or Neglect form (DHS-3200). These forms are available from your Site Coordinator.

Phone Number for the Verbal Report: (855) 444-3911 (Centralized Intake)

Written Report can be faxed to either of the following numbers (within 72 hours):

(616) 977-1154

(616) 977-1158

OR Written Report can be emailed to the following email address (within 72 hours):

DHS-CPS-CIGroup@michigan.gov

The reporter is not expected to investigate the matter, know the legal definitions of child abuse and neglect, or even know the name of the perpetrator. The Child Protection Law is intended to make reporting simple and places responsibility for determining appropriate action with the Children's Protective Services (CPS) division of the Department of Human Services. The authority and actions of CPS are based on requirements in the Child Protection Law.

Mandated reporters must also notify the head of their organization of the report. Reporting the suspected allegations of child abuse and/or neglect to the head of the organization does not fulfill the requirement to report directly to CPS/DHS.

All employees and volunteers of T.E.A.M. 21 must read and sign below. Your signature acknowledges your understanding of state mandates regarding suspected child abuse and neglect.

- I am aware that abuse and neglect of children is against the law.
- I have been informed of the T.E.A.M. 21 policy on child abuse and neglect.
- I understand that, as an employee or volunteer of T.E.A.M. 21, I am a mandated reporter of child abuse and neglect under State law, and I am required as such to immediately report suspected child abuse and neglect to children's protective services, according to the process outlined above.

PRINT NAME

POSITION/VOLUNTEER

SIGNATURE

DATE