



**Ionia Montcalm Secure and Friendly Environment
Child Advocacy Center**

Mailing Address: PO BOX 441

Ionia, Michigan 48846

(616) 225-7267

www.imsafecac.org

VOLUNTEER APPLICATION

Thank you for your interest in the IM SAFE CAC. We welcome prospective volunteers from diverse

VOLUNTEER JOB DESCRIPTIONS

Clerical/Office Volunteer:

Duties include but are not



Today's Date: 3/10/21

How did you hear about us? Handshake

Full legal name: Kayla Gunn

2700 Hannah Blvd Apt #5512 — Temporary Address
 East Lansing MI 48823

734 347-6690 gunnkayl@msu.edu
 Michigan State University

Spartan's Rebuilding Michigan Sept 2018- May 2019

Camp Kesem Sept 2020- Present

Junior level at Michigan State University

Email or Phone

X	X	X
X	X	X
x	X	X

Thursday

A.M. X

P.M. X

Evenings X

X

X

X

X

X

X

X

X

X

✓

Michigan State University

PSY 382

Jessica Saucedo

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Journalism

Public Relations

Foreign Language(s)

Sign Language

Graphic Arts

Grant Writing

Other _____

Some additional skills I have are conflict management, leadership, team building, customer service

I have taken a few classes about child development and mental health related classes

✓

✓

✓

With an internship, I would like to work directly with clients, with or without supervision.

I expect to provide a safe environment for all clients.

Name

Phone Number

Relationship

- 1. Stacia Sepúlveda _____ Teacher
- 2. Trish Kraus 734-649-0572 Family-Friend
- 3. _____ 248-974-5045 Coach/ Mentor

Acknowledgement

I declare that all of the preceding information is true and correct to the best of my knowledge. I understand that the information

3/10/21



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CRIMINAL BACKGROUND CHECK FORM

Please complete the information below. All information will be held in strict confidence.

Full Legal Name: (including middle initial): Kayla R. Gunn

Other Name(s) if applicable: _____

Address: 1030 Vassar South Lyon, MI 48178

Date of Birth: 09/04/2000

Race: Caucasian Male Female

Permission to Conduct Background Checks

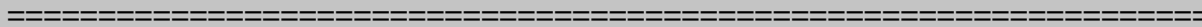
I hereby give my permission for the IM SAFE CAC to conduct a criminal background check to obtain information for the purpose of assessing my suitability as an IM SAFE CAC volunteer.

Kayla Gunn
Applicant's Signature

3/10/21
Date

Parent's Signature (if applicant is under the age of 18)

Date



For Completion by IM SAFE CAC

Date of background checks:

Initials: _____

MI Public Sex Offen _



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**VOLUNTEER
RELEASE OF INFORMATION**

Kayla Gunn

3/10/21

CENTRAL INTELLIGENCE AGENCY
COUNTRY CLEARANCE CHECK SHEET

(This sheet is to be filled out by the person in the field.)

Signature of
Special Agent in Charge

SECTION INFORMATION (ON PERSON IN FIELD AREA)

Name of individual

Official title (if applicable)

Date

Place of assignment

Organization (if any)

Office

Phone

City

Country

Formal position

Grade

Agency

Background information (if any)

Remarks

Signature of Special Agent in Charge

Name

Address

City

State

Zip

Phone

Country

Agency

Office

Date

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