

# Youth Build

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# Eisenga, Amanda

Aug 2012 - May 2013

#2

Cadillac

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# Leadership

# Other

YouthBuild Cadillac  
Civic Service Summary

Name *Amanda Eisinga*

Vendor Number *1185*

	Date	Location	Hours	Comments
1	8/17	River	4	
2	8/24	River	4	
3	8/31	Goodwill	4	
4	9/7	Crew	4	
5	9/14	Salary	4	
6	9/21	CIVIC	4	
7	9/28	Crew	4	
8	10/5	Salary	4	
9	10/12	Garden	4	
10	10/19	Crew	4	
11	10/26	CIVIC	4	
12	11/2	TC	4	
13	11/9	Restore	4	
14	11/16	Crew	4	
15	11/30	Shelter	4	
16	12/7	Crew	4	
17	12/14	TC	4	
18	12/21	PA	4	
19	1/4	Goodwill	4	
20	1/11	snow	4	
		Total	80	

YouthBuild Cadillac  
Civic Service Summary

Name *Amanda Eisenga*

Vendor Number *1185*

	Date	Location	Hours	Comments
1	<i>11/18</i>	<i>Restore</i>	<i>4</i>	
2	<i>1/25</i>	<i>Crew</i>	<i>4</i>	
3	<i>2/1</i>	<i>Goodwill</i>	<i>4</i>	
4	<i>2/8</i>	<i>Snow</i>	<i>4</i>	
5	<i>2/15</i>	<i>Sal Army</i>	<i>4</i>	
6	<i>2/22</i>	<i>Crew</i>	<i>4</i>	
7	<i>3/1</i>	<i>Restore</i>	<i>4</i>	
8	<i>3/8</i>	<i>Crew</i>	<i>4</i>	
9	<i>3/15</i>	<i>Crew</i>	<i>4</i>	
10	<i>3/22</i>	<i>Crew</i>	<i>4</i>	
11	<i>3/29</i>		<i>4</i>	
12	<i>4/5</i>		<i>4</i>	
13				
14				
15				
16				
17				
18				
19				
20				
Total				



**NORTHWEST MICHIGAN WORKS**  
 YouthBuild Northwest-DOL #2  
 Participant Stipend Bonus Sheet

Name: Amanda Eisenga

Vendor # \_\_\_\_\_

\_\_\_\_\_

Yth Bid ASN \_\_\_\_\_

Bonus Modules	Amount Paid
OSHA 10 Certificate	\$ 50.00
Completed Two Job Applications	\$ 50.00
First Aid and CPR Certificate	\$ 50.00
PACT Certificate	\$ 100.00
Portfolio	\$ 50.00
GED, High School or Workkey Completion	\$ 100.00
Civic Service	\$ 100.00
<b>Total Bonus</b>	<b>\$ 500.00</b>

*Amanda Eisenga*

Participant Signature

*[Signature]*

Date | Supervisor  
 Signature

*4/18/13*

Date

Northwest Michigan Works! Membership Application 179564

First Name: Amanda Last Name: Cliverona

Last 4 of Social-security #: 3224 Date of Birth: 10/18/1989

Street Address: 4340 S 37th Rd State: MI Zip: 49601

City: Cadillac County: West E-mail: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

If you are a person with a disability or if you have served in the military, there may be additional programs and services available to you. Providing the following information is voluntary, and declining to answer will not subject you to adverse treatment. All information is kept confidential.

Are you a person with a disability?  Yes  No

Do you need any support or assistance to use equipment (e.g., computers) or access services?  Yes  No

I have not served in the military.  I have served in the military.

I may be an eligible spouse of a veteran (i.e., the spouse of a person who (a) was killed in action or who died of a service-connected disability; (b) is serving on active duty who is listed as (1) missing in action; (2) captured in the line of duty; (3) forcibly interred in the line of duty for a total of 90 days or more; or (4) has a permanent total service-connected disability).

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Michigan Relay Center (800)649-3777.

# Customer Profile For Amanda Eisenga

Northwest Michigan Council of Governments|NWMCOG

G\*STARS v5  
Created: 09/24/2010  
Modified: 09/24/2010  
Printed: 02/21/2013

## Customer Identification

Title  
First Name Amanda  
Middle Name  
Last Name Eisenga  
Suffix  
SSN 000-00-3227  
Date of Birth 10/18/1989  
Date of Intake 09/24/2010  
Age At Intake 20  
Age Group At Intake  
Intake Organization Cadillac Michigan WORKS  
Intake Location Cadillac  
Intake County  
Referral Agency  
Rapid Response ID  
Citizenship Status  
Marital Status  
Gender  
Race  
Ethnicity  
Criminal Record

## Residence Address

Street Address One  
Street Address Two  
City  
State  
Zip  
County Wexford

## Mailing Address

Street Address One 4390 S. 37 Rd.  
Street Address Two

LOT



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City	Cadillac
State	Michigan
Zip	49601
County	

## Contact Information

Telephone One  
Telephone One Type  
Telephone Two  
Telephone Two Type  
Email One  
Email OneType  
Email Two  
Email Two Type

## Customer Status

Highest Grade  
Authorized To Work  
Level Of English Proficiency  
Language Proficiency  
Educational Status  
Employment Status  
Disabilities  
Accommodations Needed I do not have a disability,  
Current Barriers  
Current Services  
Military Service I have not served in the Military  
Other Demographics  
How Did You Learn About Us?  
Comments



*Building houses in Partnership with God's people in need*

7545 E. 34 Road  
Cadillac, MI 49601  
231-775-7561

www.wexfordhabitat.org

## Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this 12 day of 9, 2012, by Amanda Eisenga (the "Volunteer") in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Wexford Habitat for Humanity, Inc., a Michigan nonprofit corporation, their directors, officers, employees, volunteers, and agents (collectively, "Habitat").

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for volunteers of Habitat.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Habitat.

Volunteer understands that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Habitat does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment.** Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Habitat.

**Assumption of the Risk.** The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. The Volunteer understands that, except as otherwise agreed to by Habitat in writing, Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**Photographic Release.** Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Witness: *Ron Guluh*

Volunteer: *Amanda Eisenga*

Address: *4390 S 37 Rd*  
*Cadillac MI 49601*

Phone (H): *231-942-3082*

(W): \_\_\_\_\_

In case of emergency, please contact *Sheryl Sawmiller* [ *mother* ]  
at ( *231* ) *667-7878* *of Jeremy Morris* <sup>name</sup>  
*Same Number* <sub>phone</sub> <sub>relationship</sub>

**Cadillac After Hours Clinic**

440 COBB ST

CADILLAC, MI 49601

231-775-8814



EISENGA, AMANDA (1/15/2013)

**School Note**

**AMANDA EISENGA** was seen at Cadillac After Hours Clinic (CAHC) on 1/15/2013 by .

Patient is able to return to school tomorrow. Patient is to be excused from school starting 1/15/2013 and may return on 1/16/2013.



**You were seen at Cadillac After Hours Clinic (CAHC) on Friday, October 12, 2012.**

**Your Diagnosis for today's visit is:**

- 1. Contusion, Foot

**Recommendations:**

- Please return to the clinic in 3 days if not better. Call or return to this clinic sooner if your condition worsens or if you have any concerns.
- Elevate and ice. Motrin for pain.

**Thank you for allowing us to serve you today.**

**Please call this clinic at 231-775-8814 if your condition changes or you have any concerns.**

You were discharged by Kim Harris, NP on 10/12/2012 12:31:48 PM.

**EXCUSE SLIP**

**CADILLAC AFTER HOURS CLINIC  
440 COBB STREET  
CADILLAC MI 49601  
Phone 231-775-8814  
Fax 231-775-8854**

Date: 8/20/2012

To Whom It May Concern:

Patient: Amanda Eiseng

was seen in our clinic today

is released to return to work/school on: \_\_\_\_\_

is unable to return to work/school because: \_\_\_\_\_

is able to return to work/school on: \_\_\_\_\_

please excuse from work/school: 8/20/12

is not able to participate in the PE program at school

is pregnant and EDC is undetermined

is in good physical health

Medications: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Other: \_\_\_\_\_

Thank you,  
K Harris, FNP-BC



*The patient has not been discharged in the system.*

**You were seen at Cadillac After Hours Clinic (CAHC) on 8/20/2012.**

**Your Diagnosis for today's visit is:**

- 1. HYPOGLYCEMIA UNSPECIFIED

**Recommendations:**

- Please return to the clinic in 3 days if not better. Call or return to this clinic sooner if your condition worsens or if you have any concerns.
- F/U with Dr. Whelan
- **Please read the Exit Care Documents provided:**
  - Hypoglycemia (Low Blood Sugar)

**Thank you for allowing us to serve you today.**

**Please call this clinic at 231-775-8814 if your condition changes or you have any concerns.**

The contents of this document were generated on 8/20/2012 at 5:27 PM and may be subject to change.