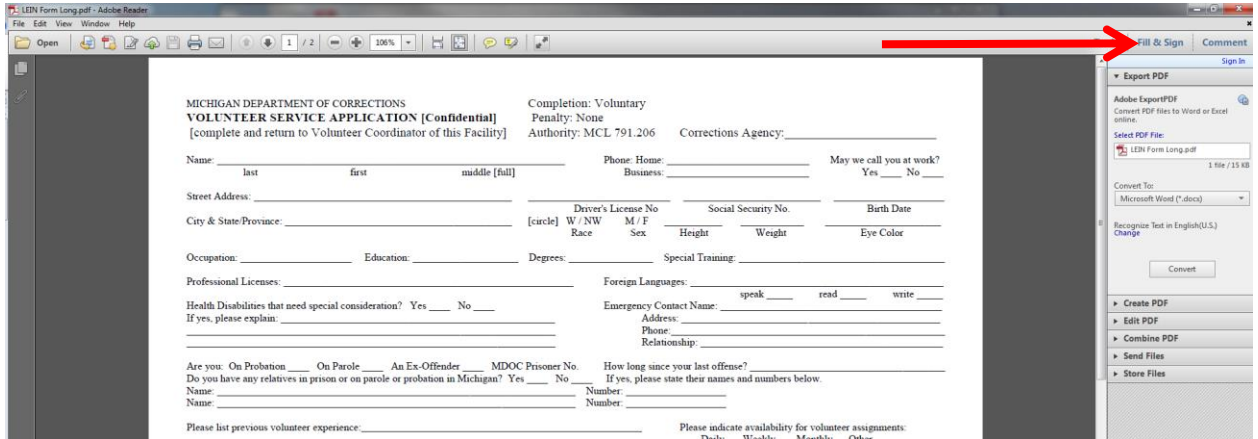
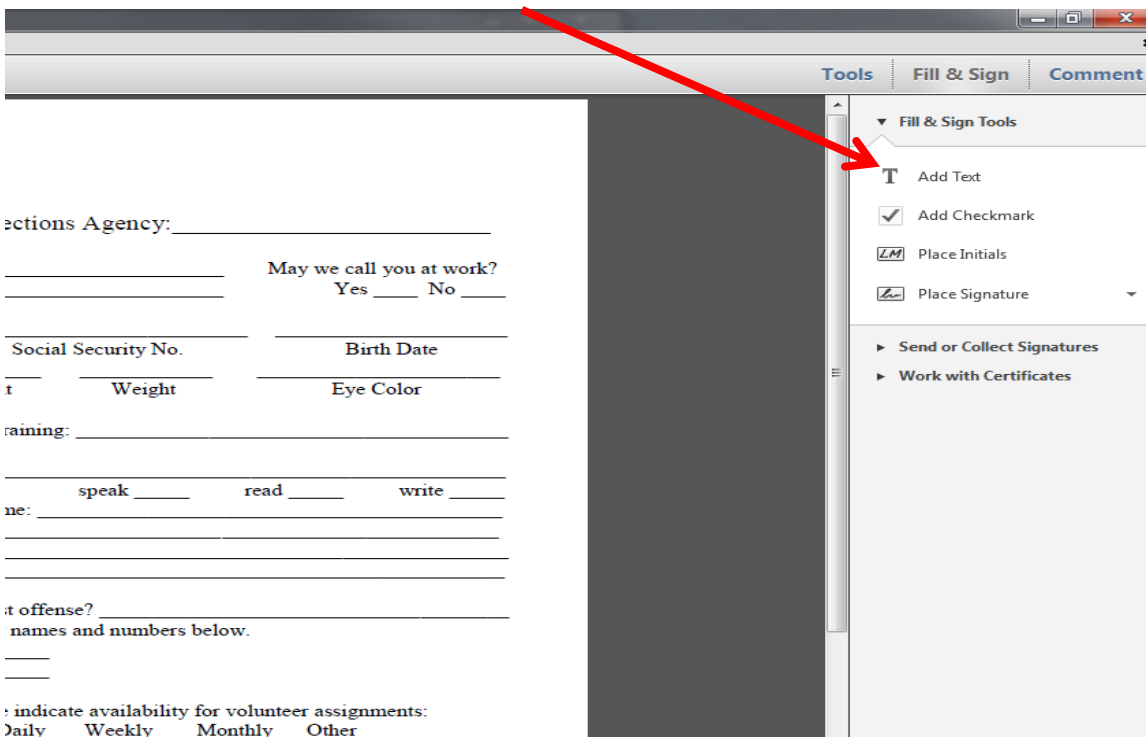


## How to Fill and Sign the LEIN form with Adobe XI

- 1) After opening the document, click "Fill and Sign" to open sidebar with the features you will need for this:

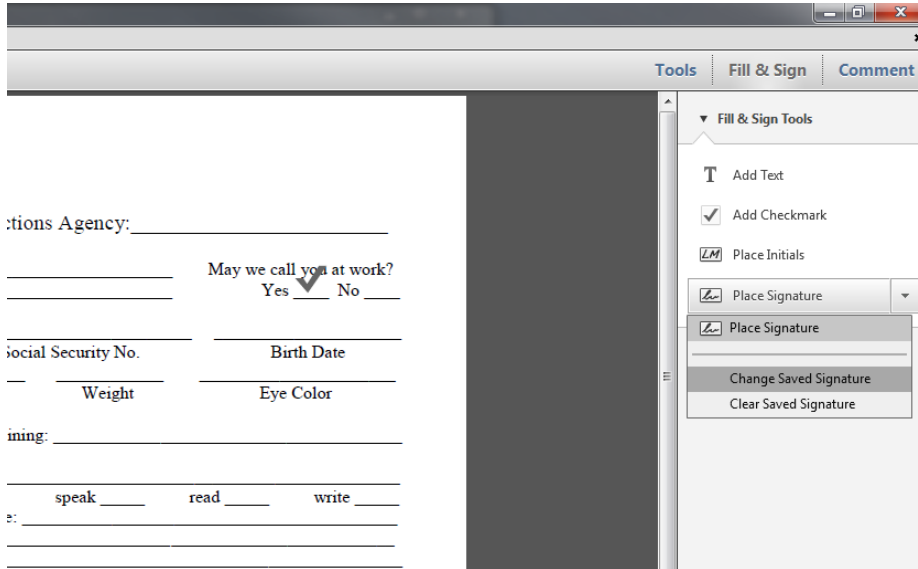


- 2) Click "Add Text". This will change the cursor so you can type into any of the blanks. You can move the cursor wherever you need to add text.

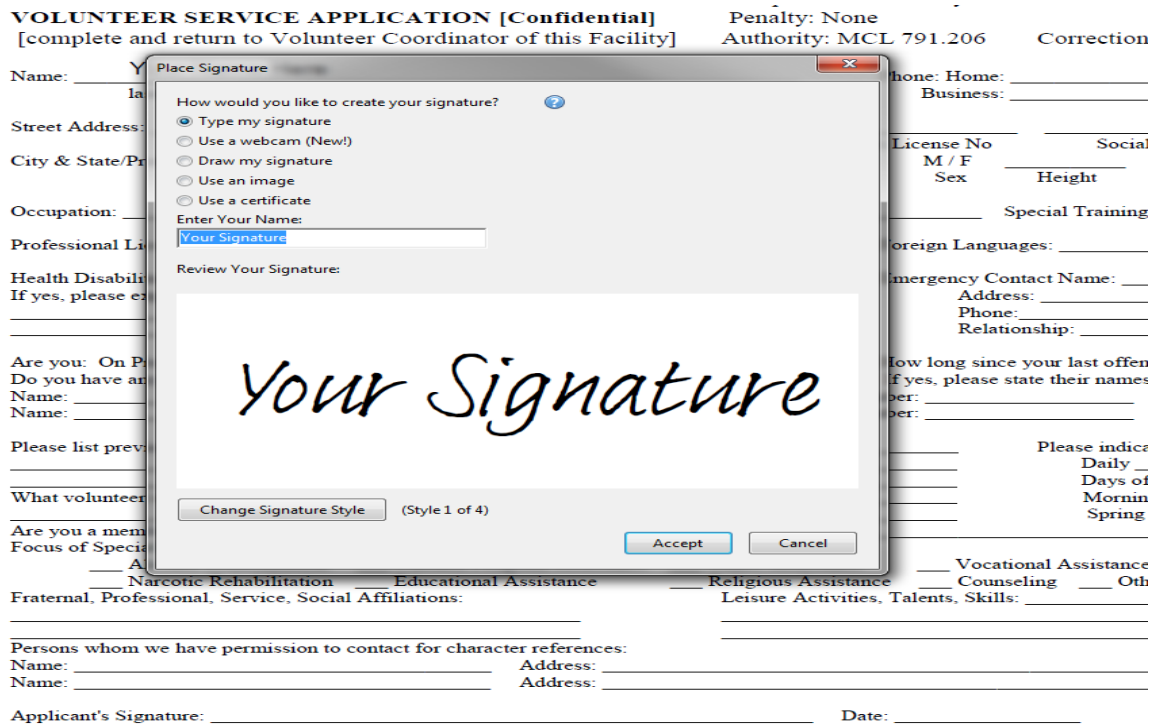




- 4) Add signature by clicking on “Place Signature”. If you have already used this function on another document, you may have a saved signature and you can click the down arrow next to “Place Signature” to select “Change Saved Signature” to make a new one:



- 5) This gives you several options for signing. There are two that you will probably use: a) Type it in....



Or draw your own signature with your mouse... (This may take some practice! As you can see I don't do very well)

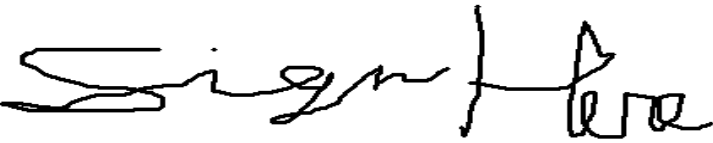
MICHIGAN DEPARTMENT OF CORRECTIONS  
VOLUNTEER SERVICE APPLICATION [Confidential] Completion: Vol  
Penalty: None

[complete] Place Signature

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Health Dis: \_\_\_\_\_  
If yes, please \_\_\_\_\_  
Are you: \_\_\_\_\_  
Do you have \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Please list \_\_\_\_\_  
What volunteer \_\_\_\_\_  
Are you a \_\_\_\_\_  
Focus of Special Interest [check all that apply]

How would you like to create your signature?  
 Type my signature  
 Use a webcam (New!)  
 Draw my signature  
 Use an image  
 Use a certificate

Draw Your Signature: [Clear Signature](#)



Alcohol Rehabilitation Cultural Program Assistance Office Assistance

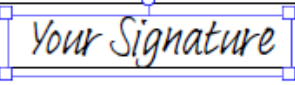
Click accept, then drag and drop your signature... Remember you need to sign **two places** and **date your signature**.

Focus of Special Interest [check all that apply]

Alcohol Rehabilitation  Cultural Program Assistance  Office Assistance  
 Narcotic Rehabilitation  Educational Assistance  Religious Assistance  
Fraternal, Professional, Service, Social Affiliations: \_\_\_\_\_  
Leisure Activities, Talents: \_\_\_\_\_

Persons whom we have permission to contact for character references:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant's Signature:  Date: \_\_\_\_\_

Staff Use Only:  Approved  Disapproved LEIN Clearance:  Yes  No  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign the second page also....**

As a volunteer in the Department of Corrections, having received orientation comply with those rules and regulations.

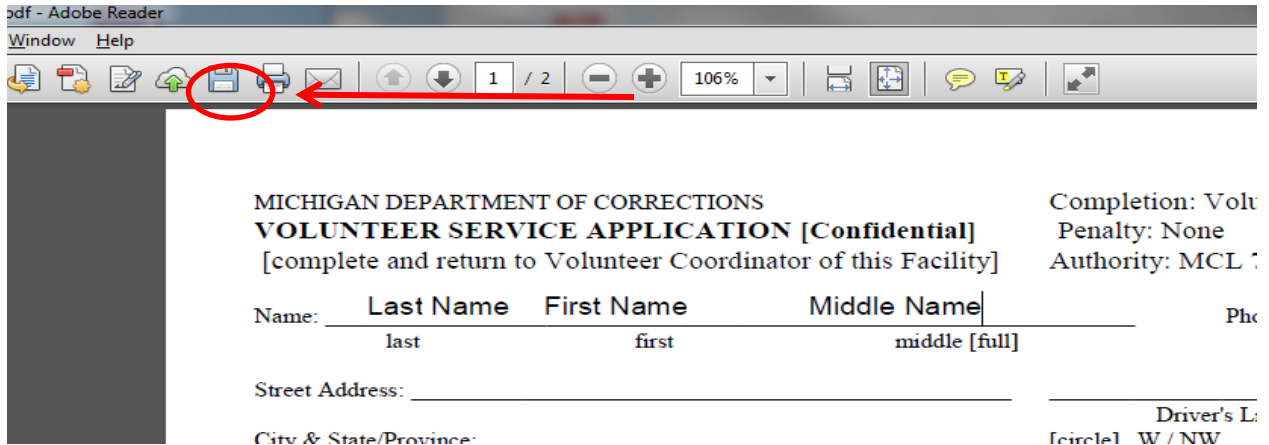
I agree to respect the confidentiality of information in a record of an offender's confidentiality of information shared by offenders in relation to my volunteer activities proper authorities information concerning possible violation of laws or departmental safety of offenders, staff or the public

*Your Signature*

Date

Signature

- 6) When you're done, click Save and save it to your computer. From there you can upload it to the link on the website.



- 7) Finally, make sure you indicate the facility you are attending in the "Corrections Agency" blank in the upper right corner.

Completion: Voluntary  
Penalty: None  
Authority: MCL 791.206

Corrections Agency: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ May we call you at work?  
Business: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Driver's License No \_\_\_\_\_ Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_  
[circle] W / NW M / F  
Race Sex Height Weight Eye Color