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:

1 LEIN Form Long.pdf - Adobe Reader					100 C		= 6 <mark>= ×</mark>
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-							Sign In
						* 8	Export PDF
I	MICHIGAN DEPARTMENT OF CORRECTIONS VOLUNTEER SERVICE APPLICATION [Confide [complete and return to Volunteer Coordinator of this	ential] Penalty		Corrections Agency:		Con	obe ExportPDF @ mert PDF files to Word or Excel ne. ct PDF file:
					May we call you at work?	1	LEIN Form Long.pdf
	Name:last first r	middle [full]	Business:		Yes No		1 file / 15 KB
							wert To:
	Street Address:		Driver's License No	Social Security No.	Birth Date	M	licrosoft Word (*.docs) *
	City & State/Province:	[circle]	W/NW M/F Race Sex	Height Weight	Eye Color	8 Rec Cha	ognize Text in English(U.S.) nge
	Occupation: Education:	Degrees:		Special Training:			Convert
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	Health Disabilities that need special consideration? Yes N		Emergency Co	speak	read write	> C	Create PDF
	If yes, please explain:		Addr	ess:	·	> E	idit PDF
			Relat	eionship:		► C	Combine PDF
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	Are you: On Probation On Parole An Ex-Offender Do you have any relatives in prison or on parole or probation in M	ichigan? Yes No	No. How long since If yes, please	e your last offense?	ow	+ S	Store Files
	Name:		Number				
	Please list previous volunteer experience:			Please indicate availability for	volunteer assignments:		

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.

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		Tools	Fill & Sign	Comment
		Ĵ,	Fill & Sign Tools	
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ections Agency:			Add Checkmar	c
	May we call you at work?	Z	M Place Initials	
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		VOLUNI	FEER SERVICE AF	PLICATION [Co	onfidential]	Penal	ty: None		
		[complete	e and return to Volun	teer Coordinator of	f this Facility]	Author	rity: MCL	791.206	Correc
		Name:	Your Name Here				Pł	none: Home	e:
			last	first	middle [full]		-		s:
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		Occupation	:	Education:		Degrees			Special Trai
		Professional	1 Licenses:				Fo	oreign Lang	guages:
		Health Disa	bilities that need special o	consideration? Yes _	No		Eı	mergency C	Contact Name

3) Click "Add Check mark" and place check mark wherever you need a check mark by clicking on the box or blank.

			 Tools Fill & Sign Commen
6 Corrections Ag me: ess:		May we and yourst work?	 ▼ Fill & Sign Tools T Add Text ✓ Add Checkmark ✓ Place Initials ✓ Place Signature
No Social Sec Height	-	Birth Date Eye Color	 Send or Collect Signatures Work with Certificates
nguages:spe y Contact Name: ddress:	eak =	read write	

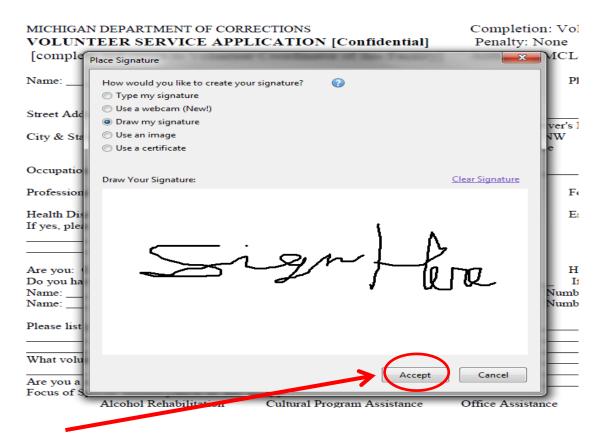
4) Add signature by clicking on "Place Signature". If you have already used this function on another document, you may have a saved signature and you can click the down arrow next to "Place Signature" to select "Change Saved Signature" to make a new one:

		Tools	Fill & Sign Comment
itions Agency: iocial Security No Weight	May we call you at work? Yes No Birth Date Eye Color		 Fill & Sign Tools T Add Text Add Checkmark M Place Initials Place Signature Place Signature Change Saved Signature Clear Saved Signature
speak	read write		

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

	R SERVICE APPLICATION [C		Penalty: None Authority: MC		Correction
Name:	lace Signature		— X	hone: Home:	
la la	How would you like to create your signature?				
	 Type my signature 				
Street Address:	 Use a webcam (New!) 			License No	Social
City & State/Pr	O Draw my signature			M/F	Social
	🔘 Use an image			Sex	Height
· · · ·	Use a certificate				
Occupation:	Enter Your Name:			· · · · · · · · · · · · · · · · · · ·	pecial Training
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What volunteer					Mornin
	Change Signature Style (Style 1 of 4)				Spring
Are you a mem Focus of Specia		Accept	Cancel	-	
A				Vocati	onal Assistance
	cotic Rehabilitation Educational A	ssistance	Religious Assistance		
Fraternal, Profess	ional, Service, Social Affiliations:		Leisure Activities	, Talents, Skills	e
	e have permission to contact for characte				
		Address:			
Name:	· ·	Address:			
Applicant's Signa	ture:		Date		

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



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 Pro Narcotic Rehabilitation Educational Fraternal, Professional, Service, Social Affiliations:		Religious As	-
Persons whom we have permission to contact for charac Name:	ter references: Address: Address:		
Applicant's Signature: Your Signature +			Date:
Staff Use Only: Approved Disapproved Initials	s	LEIN Clearance: Date	Yes

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 offende confidentiality of information shared by offenders in relation to my volunteer activit proper authorities information concerning possible violation of laws or departmental safety of offenders, staff or the public.



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.

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		VOLU	NTEER SERV		ONS F ION [Confidential] dinator of this Facility]	Completion: Volu Penalty: None Authority: MCL 7
		Name:	Last Name	First Name	Middle Name	Pho
			last	first	middle [full]	
		Street A	ddress:			
		City & S	State/Province:			Driver's Li foircle1 W/NW

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

al] ility]	Completion: Voluntary Penalty: None Authority: MCL 791.200	Corrections Agency:	
le [full]	Phone: Home: Business:		May we call you at work? Yes No
	Driver's License No	Social Security No.	Birth Date
	[circle] W / NW M / F Race Sex	Height Weight	Eye Color