

# VOLUNTEER SERVICES APPLICATION

The undersigned is applying to perform volunteer services for \_\_\_\_\_,  
and furnishes the following information to assist us in selecting and assigning volunteers.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

Gender \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_  
Male  
\_\_\_\_\_  
Female

Race/Ethnic Group \_\_\_\_\_

(Note: This information is used only to assist us in making volunteer assignments where these criteria are important and relevant to the particular volunteer activities. We do not use this information for illegal purposes or to discriminate in seeking volunteer services.)

Birth Date \_\_\_\_\_

(Note: This information is necessary to obtain a criminal record check from the State of Michigan. We do not discriminate based on age in seeking volunteer services, except that parental consent is required if you are under age 18.)

In case of emergency contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Do you have a current valid driver's license? If so, please identify:

State \_\_\_\_\_

ExpirationDate \_\_\_\_\_

Driver's License Number \_\_\_\_\_

(Note: This information is necessary to obtain a driving record check, which is used only to determine whether to request you to provide volunteer services involving driving.)

Do you have any disability or other condition that prevents you from performing some activities in connection with volunteer services? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony, or are you presently charged with a misdemeanor or felony? If yes, please describe the conviction or pending charge and identify the state, county and court.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Employer

Name \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Are you presently attending school? If yes, please identify:

School Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Have you performed other volunteer services? If so, please identify the organizations for which you have provided volunteer services, describe the volunteer services, and give the approximate dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any areas of expertise, qualifications, or skills that we should consider in requesting you to undertake volunteer assignments?

\_\_\_\_\_  
\_\_\_\_\_

Please list languages in which you are fluent: \_\_\_\_\_

\_\_\_\_\_

Please identify two personal references that you have known for at least one year:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Applicant's Statement**

I certify that all of the information provided above is correct and complete. I authorize and request all of the persons and organizations identified above to give \_\_\_\_\_ any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and I release such persons and organizations from any liability or claim relating to such release of information and opinions. I also authorize and request all federal, state, and local governmental agencies to release to \_\_\_\_\_ any information requested concerning any criminal convictions on my record, and all information concerning my driving record. A photocopy of this signed authorization and waiver shall be valid as an original.

I understand and agree that if I perform volunteer services I will not be an employee of \_\_\_\_\_, that I will not be covered by or entitled to participate in any of \_\_\_\_\_'s compensation or employee benefit programs, and that I will not be covered by workers compensation or unemployment compensation as a result of my services.

Signature \_\_\_\_\_

Date \_\_\_\_\_