

Clinton Township

Senior Adult Life Center

VOLUNTEER APPLICATION

Complete all sections of this application

Type of volunteer work you would like to do: <small>(See attached list of opportunities)</small>		How did you hear about our volunteer programs?		Date of Application	
Name (Last, First, Middle)					
Mailing Address (Street or P.O. Box)			City	State	Zip Code
Day Phone:		Evening Phone:		Mobile Phone:	
Email Address:					
Have you ever worked or volunteered for Clinton Township?			Are you presently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?		
Is your volunteer work to be used towards credit or fulfillment of a community service or school service learning? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have a preferred schedule for volunteer work?			Please mark the days you would be able to volunteer: Mon. Tues. Wed. Thurs. Fri. Sat. Approx. times: AM PM TO AM PM		
Do you have a valid Driver's License?		Do you have your own transportation?			
Criminal Background					
Have you, since the age of 18, ever been convicted of a crime, excluding minor traffic offenses? <i>*Criminal conviction is not an absolute bar from volunteering, but it will be considered in relation to specific areas of volunteer needs.</i>					
Have you engaged in illegal use, possession, sale, or transfer of narcotics or illicit drugs during the past 5 years, including receiving a positive drug test or positive workplace related alcohol test?					
Are you now under charges for any offense against the law?					
<i>If yes, please attach additional sheets and give dates, details, and penalties for each occurrence. Please include dates of any probationary periods.</i>					
SPECIAL SKILLS- Please list any special skills or talents that may be beneficial to the center.					

REFERENCES

List the names and telephone numbers of three business/work references that are **not** related to you that know you well and can attest to your character, skill, and dependability.

Name	Profession/Title	Daytime Telephone Number	Years Known

Are you at least 16 years old? Yes No

EMERGENCY CONTACT

Name	Telephone Number	Address	Relationship

APPLICANT CERTIFICATION

By submitting this application, I hereby authorize the Charter Township of Clinton to perform e.g., criminal history check, reference checks, employment verification, etc. of any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the volunteer position I am applying for. I release the Charter Township of Clinton of any liability for use of this information in considering and reviewing my application. I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE:

DATE:

OFFICE USE ONLY

Badge issued: Yes Date issued: _____ Volunteer orientation date: _____ Disclosure signed: Yes Interview completed:

Senior Center Copy

Volunteer file

Risk Management Copy