



Please return this form to:
 Canton Leisure Services
 1150 S. Canton Center Rd.
 Canton, MI 48188-1699
 Phone: 734/394-5191
 Fax: 734/394-5319

**Canton Community Adult Volunteer
 Application Form** (Please print)

Name: _____ Birthday: _____ / _____
First Last Month / Day

Alias Name: _____

Phone: (____) _____ (____) _____ (____) _____
Home Work Cell

Address: _____
Number Street City Zip

E-Mail Address: _____

Visit Canton Leisure Services website at www.cantonfun.org for volunteer opportunities.

What is your reason for volunteering? _____

From Canton Leisure Services website list what volunteer opportunities you are interested in: _____

Waiver for Volunteers

I hereby agree to indemnify and hold harmless the Township, its elected and appointed officials, employees, and agents, from any and all risks, claims, demands, damages and other liabilities arising from my participation as a volunteer, including all costs, expenses and attorney fees paid or incurred, by reason of personal injury, including bodily injury or death and/or property damage, including loss of the use thereof, which arises out of, or is in any way connected or associated with my activity as a volunteer for the Charter Township of Canton.

By checking “yes”, I certify that the information contained in this form is accurate. I Agree: Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge that I am the signer, and further that I agree to the above Terms of acceptance: Yes No

 Participant’s signature or Parent/Guardian’s signature, if participant is under the age of 18

 Date

For Administrative Use Only Revised: 3/8/2019
 Background Check Rcd: _____ Driving Record Check Rcd: _____

**Canton Township Leisure Services Department
Volunteer Emergency Medical Information Sheet**

Name _____ Date of Birth _____

Address _____

City _____ Zip _____

Phone Number _____ Other Phone Number _____

In case of emergency, notify _____

Relation to Volunteer _____

Phone Number _____ Other Phone Number _____

2nd Emergency Contact _____

Relation to Volunteer _____ Phone Number _____

The information below is designed to provide you with proper medical care in the event of an emergency and is **VOLUNTARY**- completion of the below is **OPTIONAL**:

Allergies/sensitivities: _____

Medical conditions the Township should be aware of: _____

Medications: _____

The information I have provided above is accurate. I understand and acknowledge that this information could be made available to any employee who could assist me in the event of an emergency.

Volunteer's Signature

Date

Parent/Guardian of Volunteer (if minor)

Date

Internal Use Only

___ Original sent to CLS Administration Office

___ Copy sent to volunteer's work site

Charter Township of Canton
Leisure Services Department

Authorization for Criminal Background Investigation

Full Name: _____
Last First Middle

Home Phone: _____ Date of Birth: _____

Present Address: _____ City: _____

Zip: _____ Gender: _____ Race: _____

Have you lived outside of Michigan in the past twelve months? YES NO

If YES, please indicate previous address on the back of the form.

Have you ever been convicted by plea or trial of any crime including traffic offenses? YES NO

If YES, please indicate your conviction on the back of the form.

Driver's License Number: _____ State: _____ Exp. Date: _____

CERTIFICATION STATEMENTS

I certify that the above statements are true and that the making of false statements may be considered sufficient cause for immediate dismissal upon discovery thereof. I understand, and agree, that any misleading information or omission of information may be cause for dismissal.

I specifically authorize the Charter Township of Canton, its agents, and its employees to make inquiries of courts, law enforcement agencies, and other entities for records of criminal convictions.

I understand that it is the intent of Canton Township to deny participation to any person who has been involved in or convicted of a any criminal activity that may be harmful to the Township, the activity or the participants. I understand that any inappropriate and/or unacceptable conversation or conduct with any participant may be grounds for immediate dismissal.

I also understand that Canton Township reserves the right to submit random checks on individuals at any time.

I agree to hold the Charter Township of Canton, its agents, volunteers, officers, elected officials, employees and all parties involved harmless from any actions arising out of any criminal records check that may be done.

By checking "yes", I certify that the information contained in this form is accurate. I Agree: Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge that I am the signer, and further that I agree to the above Terms of acceptance: Yes No

Signature

Date

**Additional Information for
Authorization for Criminal Background Investigation**

Previous Address(es) - within past twelve months

Address _____ City _____ Zip _____

Dates Residing At That Address _____

Address _____ City _____ Zip _____

Dates Residing At That Address _____

Convictions (by plea of guilty, no contest or trial):

<u>Court Where Conviction Occurred</u>	<u>Date of Conviction</u>	<u>Name of Offense</u>	<u>Police Department or Agency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all convictions whether they have been expunged, purged, dismissed or otherwise resolved after a conviction.