



## Volunteer Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Organization/School Affiliation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you volunteered before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type of experience? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

Do we have your permission to do a background check? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: Drivers license number: \_\_\_\_\_

Social security number: \_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_

What programs would you be interested in volunteering for?  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Submit completed application to:**  
Saginaw County Parks and Recreation Commission, 111 South Michigan Avenue,  
Saginaw, Michigan 48602

**Questions?** Call Jeanette Fiers at: (989) 790-5283



***Criminal Conviction History Consent Form***

As a current or prospective volunteer of the Saginaw County Parks and Recreation Commission (SCPRC), I understand that it is the SCPRC's responsibility to secure criminal conviction history information as part of our screening process using the information provided below. I also understand that for as long as I volunteer for the SCPRC, periodic or annual checks may be done at the discretion of the SCPRC.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City, State Zip

Maiden or former names previously used: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ Sex: M F

I understand that the background search agencies utilized by the SCPRC require the above information. I authorize the SCPRC to utilize the above information for the sole purpose of obtaining a file search of criminal conviction history.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

I certify that all of the statements made by me in this application are true. I understand that false statements may result in termination of my volunteer service with the SCPRC.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**Must attach a copy of your Drivers License or a Photo Id**