

Volunteer Application Form

Name:	Date:		
Address:			
Phone:	Email Address:		
Occupation:			
Have you volunteered bef If yes, what type o	fore? Yes	No	
•	cted of a felony? Yes		
Do we have your permiss:	on to do a background check?_	Yes	No
If yes, please list: Drivers	license number:		
What programs are interes	sted 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