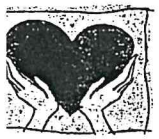

Commission on Aging Volunteer Staff Registration

Interview Date_____

Assignment_____

Name_____ Phone_____ Birth Date_____

Address_____city_____zip_____Email_____

Emergency

contact_____Relationship_____Phone_____

_____Relationship_____Phone_____

Preferred Hospital_____City_____

Most Recent Employer_____Position_____

Employer_____ Position_____

References _____Phone_____

_____ Phone_____

_____Phone_____

Health limitations including medications that could affect your ability to volunteer_____

Previous volunteer experience_____

Volunteer position most interested in_____

Special interest or skills_____

I give my consent for Montcalm County CoA to use my photograph in media or promotional materials. Yes_____ No_____

Montcalm County Commission on Aging retains the exclusive right to determine through its management whether a volunteer's performance is satisfactory to the agency, and in its sole discretion, whether to assign and when to reassign or end any volunteer's service. I give consent for references to be contacted. Signature_____

Date_____

DRIVING RECORD AND CRIMINAL HISTORY CHECK INFORMATION

I give my consent for the following information to be used by Montcalm County Commission on Aging to secure information regarding my driving record, enroll driver in the subscription service, and "conviction only" criminal history.

I understand that the information provided below will be kept confidential and used for the sole purpose of checking my driving and criminal history records.

I understand this information is required to access the correct files.

Have you ever been convicted of a crime? Yes_____ No_____

(PLEASE PRINT)

Name_____
Last First Middle

Other names used including married names or maiden names_____

Date of Birth_____ Sex_____

Length of time residing in Michigan_____

Driver's License Number_____

Volunteer's Signature_____Date_____