



City of Hazel Park Volunteer Opportunity

Return completed application to:
City Clerks Office, 111 E. Nine Mile Road; Hazel Park, Michigan 48030

ANSWER ALL QUESTIONS IN INK-PLEASE PRINT OR TYPE YOUR NAME

VOLUNTEER OPPORTUNITY: _____ DATE: _____

NAME: _____ SOCIAL SECURITY # _____
(LAST) (FIRST) (MIDDLE)

PRESENT MAILING ADDRESS: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP)

MICHIGAN DRIVERS LICENSE NUMBER: _____

TELEPHONE: _____
(AREA CODE) (HOME) (BUSINESS) (CELL)

CURRENT EMPLOYER: _____

TITLE & NATURE OF EMPLOYMENT: _____

EDUCATIONAL BACKGROUND: _____

OTHER EDUCATION/TRAINING AND/OR LICENSES (Military, apprenticeship program, correspondence school, volunteer work, etc.)

CIVIC OR PROFESSIONAL ORGANIZATIONAL MEMBERSHIPS: _____

PLEASE GIVE A BRIEF STATEMENT WHY YOU WISH TO VOLUNTEER YOUR SERVICE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF YES, STATE CHARGES, WHEN AND WHERE: _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF APPOINTED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE CITY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE CITY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED CITY REPRESENTATIVE.

(SIGNATURE IN FULL) _____ DATE: _____