

City of Auburn Hills Senior Services Department – Volunteer Application

1827 North Squirrel Road, Auburn Hills, MI. 48326

(248) 370-9353

www.auburnhills.org

VOLUNTEER INFORMATION (Please Print)

Name _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth (00/00/000) : _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____

Preferred Method(s) of Contact – Check all that apply

Home Phone Cell Phone Work Email

Contact in an emergency _____ Phone: _____

I. Please Tell Us Something About Yourself

- Hobbies, skills, and interests: _____
- Licenses(s) held: _____
- Language(s) spoken fluently: _____
- Are you retired? Yes _____ No _____

II. Life Experiences (paid and/or volunteer, beginning with the most recent):

Position	Organization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Volunteering Preferences

- Is there a particular type of volunteer work in which you are interested?

- Availability –Check all that apply
 Days Evenings Weekdays Weekends
- Do you have access to a vehicle that you can use for volunteer work: yes or no
- My volunteer work is a requirement for (school, scouts, work, court ordered, etc.) _____
I need to complete _____ hours.

Please Turn Over To Complete

IV. References

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

V. Verification and Consent for Reference and Background Check

I verify that the above information is accurate to the best of my knowledge. I give the City of Auburn Hills, permission to inquire into my educational background, references, licenses, police records, and employment and /or volunteer history. I also give permission to the holder of any such information to release it to the City of Auburn Hills.

I hold City of Auburn Hills, harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that the City of Auburn Hills, will use this information only as part of its verification of my volunteer application.

VI. Hold Harmless

I agree to hold harmless the City against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges and expenses (including without limitation fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or assessed against the City by reasons of any negligent or wrongful act on my part, or any failure by me to perform volunteer work.

VII. Photo Release

I understand that there are occasions where pictures may be taken (still or motion) while I am a volunteer and I further understand that these pictures may be used for promotional purposes by the city and further understand that there is no expectation of payment for the use of my pictures and that I agree to release the city of any obligations or responsibility of such pictures being used.

Please attach copy of driver’s license with application. Return completed application along with the Volunteer Opportunities Survey to the Senior Services Department. Thank you for completing this Volunteer Application. We are delighted you wish to volunteer with us. Once the background check has been completed you will be contacted to begin your volunteer experience with us.

Name (please print)

Signature

Social Security Number

Date

NOTE: SOCIAL SECURITY NUMBERS ARE REQUIRED TO COMPLETE A BACKGROUND CHECK. THIS INFORMATION IS DESTROYED ONCE A BACKGROUND CHECK HAS BEEN COMPLETED.

The City of Auburn Hills fully supports and complies with the laws which are enacted to protect and safeguard the rights and opportunities of all people, without being subjected or exposed to harassment or discrimination of any kind, including age, national origin, sex, race, religious affiliation, color, height, weight, or marital status.

