

For Administration Only:

\_\_\_ Orientation

\_\_\_ BC/Ref

\_\_\_ Entered



30126 Harper Ave. | St. Clair Shores, MI 48082 | Phone: 586-772-6656 | Fax: 586-772-6674 |

[www.wigs4kids.org](http://www.wigs4kids.org)

## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Application Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

We conducts criminal background checks. Have you been convicted of a crime (anything other than a minor traffic violation) within the last ten years? \_\_\_\_\_

Are there any felony charges pending against you? \_\_\_\_\_

Driver's License # \_\_\_\_\_ Do you have your own transportation? \_\_\_\_\_

### Experience

Education History \_\_\_\_\_

Current Employer \_\_\_\_\_

Volunteer History \_\_\_\_\_

What personal or professional skills, experiences or resources would you offer to this program as a Volunteer?

\_\_\_\_\_  
\_\_\_\_\_

### Volunteer Information

How did you find out about Maggie's Wigs 4 Kids of Michigan? \_\_\_\_\_

What do you expect from your volunteer experience? \_\_\_\_\_

What kind of time commitment can you make? Please list specific days and times.  
\_\_\_\_\_

### References

Please list three references complete with addresses. They can be from paid employment or volunteer work. Please do not list relatives (unless under the age of 18).

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please complete the following:**

I agree to have Maggie's Wigs 4 Kids of Michigan Wellness Center and Salon verify any information included on my application form; this may be done through a background and/or additional investigations as indicated. I hereby waive any rights to bring action for defamation, invasion of privacy, or any similar cause against Maggie's Wigs 4 Kids of Michigan. I understand that misrepresentation or omission of facts called for is cause for removal from the Volunteer Program. \_\_\_\_\_ **Initials**

I agree to observe the following rules and regulations for the duration of my volunteer work at Maggie's Wigs 4 Kids Wellness Center and Salon and after I have ended my association as a volunteer. \_\_\_\_\_ **Initials**

No information regarding specific participants, i.e. names, addresses, etc., is to be divulged by me at any time for any reason except where required by policy and only under the directive of my supervisor. \_\_\_\_\_ **Initials**

No information that could result in the misuse of the Maggie's Wigs 4 Kids of Michigan program is to be divulged by me at any time for any reason. \_\_\_\_\_ **Initials**

I acknowledge that I understand and agree to follow the above rules and regulations.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**If applicant is under 18 years of age, please complete the following:**

I (parent or guardian name) \_\_\_\_\_ give my permission for \_\_\_\_\_  
to volunteer with Maggie's Wigs 4 Kids of Michigan

Signature of Parent/Guardian: \_\_\_\_\_