

Wigs 4 Kids Wellness Center and Salon

30126 Harper
St. Clair Shores, MI 48082
(586) 772-6656 phone - (586) 772-6674 fax

Cuts 4 A Cause Professional Training Program/Volunteer Application

Name _____		Social Security# _____	
Last	First	M.I.	Drivers License # _____
Address _____			
Street address	City	State	Zip
Phone #: _____		18 yr. or older? _____ If not, age _____	
Previously volunteered with Wigs 4 Kids? _____		If yes, dates: _____ to _____	
Have you ever been convicted of a crime? _____		If yes, please explain: _____	
Are felony charges pending against you? _____		If yes, please explain: _____	
<small>(Answering yes to the above two questions does not necessarily preclude applicant from volunteering/employment.)</small>			
Are you able to fully perform the functions of the job(s) for which you wish to volunteer/apply for?			
Y _____ N _____ If no, please explain: _____			

Availability to volunteer: 1 Volunteer hour per class hour/completed monthly _____

Are you legally eligible to work in the U.S.? _____ Do you have transportation? _____

Hrs. available: Su M T W Th F Sa

From							
To							

School Level:	Name of School	Yrs. attended	Did you graduate?
High School			
College			
Licenses/Certifications			

Work History: (Starting with the most recent)

Reference (Please List Two)			
Name of employer: _____		Starting date: _____ Ending Date: _____	
Address: _____			
Street Address	City	State	Zip
Job Title: _____			
May We Contact Your Supervisor? _____		Name of Supervisor: _____	
Phone #: _____			
Description of Work: _____			
Reason for Leaving: _____			
Reference #2			
Name of employer: _____		Starting date: _____ Ending Date: _____	
Address: _____			
Street Address	City	State	Zip
Job Title: _____			
May We Contact Your Supervisor? _____		Name of Supervisor: _____	
Phone #: _____			
Description of Work: _____			
Reason for Leaving: _____			
Personal Reference (Three of Them)			
1. Name : _____		Phone Number (_____) _____	
Address: _____			
Street Address	City	State	Zip
2. Name : _____		Phone Number (_____) _____	
Address: _____			
Street Address	City	State	Zip
3. Name : _____		Phone Number (_____) _____	
Address: _____			
Street Address	City	State	Zip

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I certify that the facts set forth in this Application for Training/Volunteering, in my resume and in the other materials I have submitted are true and complete. I understand that the submission of any false, inaccurate or misleading information in connection with my application will result in *immediate discharge* at any time thereafter.

I hereby authorize *Wigs 4 Kids of Michigan* to contact all of my former and current employers, educational institutions and any other references I have provided regarding myself and my performance record, work, academic and/or military experience. I also hereby release *Wigs 4 Kids of Michigan* and its employees, officers, Board of Directors, and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from *Wigs 4 Kids of Michigan* or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that *Wigs 4 Kids of Michigan* may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to *Wigs 4 Kids of Michigan*. I further hereby release the individual or entity conducting the search, *Wigs 4 Kids of Michigan*, and its employees, officers, Board of Directors, and agents, from any and all liability, claims, and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal convictions will result in disqualification from volunteering with *Wigs 4 Kids of Michigan*.

I hereby consent to having a physical and/or mental examination(s) and/or test(s), including testing for illegal drugs, conducted by a physician or other professional of Wigs 4 Kids of Michigan 's choice, and understand that any offer to volunteer is conditioned upon the results of this examination(s) and/or test(s).

I agree not to commence any action or suit relating to my volunteerism/employment with *Wigs 4 Kids of Michigan* more than 30 days after the date of termination of such volunteerism/employment, and to waive any statute of limitations to the contrary.

I will abide by all policies, rules and regulations of *Wigs 4 Kids of Michigan*.

Name _____ Date _____

Signature _____

Reviewed By _____

Signature

_____ Date