

Wigs 4 Kids Wellness Center and Salon
30126 Harper, St. Clair Shores, MI 48082
(586) 772-6656 / (586) 772-6674 fax
www.wigs4kids.org
VOLUNTEER APPLICATION

General Data

Name _____ Application Date _____

Address _____

City, State, Zip _____

Email Address _____ Home phone _____

Cell phone _____

Emergency Contact _____ Phone _____

W4K 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/Special Training _____

Work/Professional _____

Current Employer _____

Volunteer _____

Hobbies/Special Interests _____

Agency Information

How did you find out about Wigs 4 Kids (please be as specific as possible)? _____

What personal or professional skills, experiences or resources would you offer to W4K as a Volunteer?

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 #: _____

Street, City, Zip _____

Name _____ Relationship _____ Phone #: _____

Street, City, Zip _____

Name _____ Relationship _____ Phone #: _____

Street, City, Zip _____

I authorize Wigs 4 Kids Wellness Center and Salon to investigate all of the statements in this application and authorize any person or entity named in the application to fully explain the circumstances of my statements. I understand that misrepresentation or omission of facts called for is cause for removal from the Volunteer Program.

Signature _____ Date _____

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

I (parent or guardian name) _____ give my permission for (minor's name) _____ to volunteer with Wigs 4 Kids.

Signature of Parent/Guardian: _____

Please complete the following:

I, _____, agree to have Wigs 4 Kids Wellness Center and Salon verify any information included on my application form; this may be done through a background check Wigs 4 Kids may also conduct additional investigations as indicated. I hereby waive any rights to bring action for defamation, invasion of privacy, or any similar cause against Wigs 4 Kids.

Volunteer Signature

Date

Michigan Driver's License Number

Birth Date (month/date/year)



AGREEMENT OF CONFIDENTIALITY

I, _____, as a volunteer at Wigs 4 Kids Wellness Center and Salon, agree to observe the following rules and regulations for the duration of my volunteer work at Wigs 4 Kids Wellness Center and Salon and after I have ended my association as a volunteer:

1. 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.
2. No information that could result in the misuse of the Wigs 4 Kids program is to be divulged by me at any time for any reason.

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

Volunteer Signature

Witness

Date

Date