

Maggie's Wigs 4 Kids of Michigan

30130 Harper Avenue, St. Clair Shores, MI 48082

(586) 772-6656 phone - (586) 772-6674 fax

"Cuts 4 A Cause" Hair Restoration Certification Program

Name: _____ Social Security #: _____
 Last First M.I. Drivers License #: _____

Street address: _____ City: _____ State: ____ Zip: _____
 Phone #: _____ Email: _____ 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: _____
 (Answering yes to the above two questions does not necessarily preclude applicant from volunteering/employment.)
 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 _____

-> SEE REVERSE

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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-Plawewski 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