

**ALLEGAN COUNTY
APPLICATION FOR VOLUNTEER SERVICES**

Human Resources Department
County Services Building
3283 122nd Ave.
Allegan, MI 49010

Telephone: (269) 673-0205 ext. 2649
Fax: (269) 673-0367
Email: HR@allegancounty.org

First Name _____ Last Name _____

Email Address _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Have you ever been convicted of a crime (except a minor traffic violation)? Convictions will not be an absolute bar to volunteering since the nature of the offense, date and volunteer opportunity for which you are applying are also considered. If answered yes, please provide details.

Highest Level of education attained: _____

List any Professional licenses or certifications you may have:

Area of interest, select all that apply:

- Courts
- Emergency Management
- Health Department
- Senior and Veterans Services
- Transportation
- Treatment Center
- Victim Services – Sheriff’s Office
- Youth Home
- Other If other, please provide details: _____

Availability, select all that apply:

- Monday Saturday
- Tuesday Sunday
- Wednesday
- Thursday
- Friday

Approximate number of hours available per week: _____

Employment:

- Employed
- Unemployed
- Self Employed
- Retired

If employed, provide name of current employer and position:

Reference #1

Name: _____

Phone Number: _____

Email Address: _____

Reference #2

Name: _____

Phone Number: _____

Email Address: _____

Reference #3

Name: _____

Phone Number: _____

Email Address: _____

List skills and experiences you possess related to your ability to perform as a volunteer:

I certify with my signature below that the statements made by me in this application are true, complete, correct and made in good faith. I understand that any false statement herein are sufficient grounds for rejection of this application and if appointed, termination for cause. I understand that my statements herein are a material consideration in case of appointment.

Applicant's Signature: _____

Date: _____