

OTTAWA COUNTY VOLUNTEER SERVICES AGREEMENT

Ottawa County appreciates your willingness to volunteer your services. Ottawa County values the contributions of its volunteers. Ottawa County also recognized its responsibilities to its clients, and trusts that you understand that the following information is necessary for administration purposes:

Department: _____ Start Date: _____ End Date: _____

Name: _____ Phone Number: _____

Address: _____ Zip Code: _____

How long have you lived here? _____ Previous Address: _____

Birth date: _____

High School: _____ Years: _____ Graduate? _____

College: _____ Years: _____ Graduate? _____

Driver License Number: _____

Social Security Number: _____

Occupation: _____ How Long? _____

Employers Name & Address: _____

Phone Number: _____

References (Name, Address and Phone Number)

Physician: _____

Have you ever been arrested or convicted of a crime? _____

If yes, please explain: _____

Reason for Volunteering: _____

I acknowledge that the information I have provided above is true and accurate. I authorize the County to contact the references I have listed and hereby authorize those individuals to release any confidential information about me of which they believe the County should be apprised.

I also acknowledge that the County, or the Assigned, (will be doing) (has the ability to do) (has the option to do) a criminal background check with the information that I have provided.

Volunteer Signature

Date

County Representative

Date

