



Canton Township Leisure Services Department Volunteer Emergency Medical Information Sheet

Name _____ Date of Birth _____

Address _____

City _____ Zip _____

Phone Number _____ Other Phone Number _____

In case of emergency, notify _____

Relation to Volunteer _____

Phone Number _____ Other Phone Number _____

Physician Name and Phone Number _____

Health Care Provider _____ Policy Number _____

The information below is designed to provide you with proper medical care in the event of an emergency and is **VOLUNTARY**- completion of the below is **OPTIONAL**:

Allergies/sensitivities: _____

Medical conditions the Township should be aware of: _____

Medications: _____

The information I have provided above is accurate. I understand and acknowledge that this information will be made available to any employee who will assist me in the event of an emergency.

Volunteer's Signature

Date

Parent/Guardian of Volunteer (if minor)

Date

White copy - To be kept on location

Yellow copy - Leisure Services Dept. Office

Charter Township of Canton
Leisure Services Department

Authorization for Criminal Background Investigation

Full Name: _____
Last First Middle

Home Phone: () _____ Date of Birth: _____

Present Address: _____ City: _____

Zip: _____ Gender: Male / Female
(Circle) Race: _____

Have you lived outside of Michigan in the past twelve months? YES NO

If YES, please indicate previous address on the back of the form.

Have you ever been convicted by plea or trial of any crime
including traffic offenses? YES NO

If YES, please indicate your conviction on the back of the form.

Driver's License Number: _____ State: _____ Exp. Date: ____ / ____ / ____

CERTIFICATION STATEMENTS

I certify that the above statements are true and that the making of false statements may be considered sufficient cause for immediate dismissal upon discovery thereof. I understand, and agree, that any misleading information or omission of information may be cause for dismissal.

I specifically authorize the Charter Township of Canton, its agents, and its employees to make inquiries of courts, law enforcement agencies, and other entities for records of criminal convictions.

I understand that it is the intent of Canton Township to deny participation to any person who has been involved in or convicted of a any criminal activity that may be harmful to the Township, the activity or the participants. I understand that any inappropriate and/or unacceptable conversation or conduct with any participant may be grounds for immediate dismissal.

I also understand that Canton Township reserves the right to submit random checks on individuals at any time.

I agree to hold the Charter Township of Canton, its agents, volunteers, officers, elected officials, employees and all parties involved harmless from any actions arising out of any criminal records check that may be done.

Signature: _____ Date: _____

**Additional Information for
Authorization for Criminal Background Investigation**

Previous Address(es) - within past twelve months

Dates Residing At That Address _____

Address _____ City _____ Zip _____

Dates Residing At That Address _____

Address _____ City _____ Zip _____

Dates Residing At That Address

Convictions (by plea of guilty, no contest or trial):

<u>Court Where Conviction Occurred</u>	<u>Date of Conviction</u>	<u>Name of Offense</u>	<u>Police Department or Agency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all convictions whether they have been expunged, purged, dismissed or otherwise resolved after a conviction.