

TEEN VOLUNTEER APPLICATION

Note: This form is for teens, ages 14 to 17. Teens must be at least 14 years old on the date of application.

ALLENDALE CHARTER TOWNSHIP

ATTN: Human Resources Department 6676 Lake Michigan Drive Allendale, MI 49401 Phone: (616) 895-6295

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please complete each line by printing in blue ink or typing. The application must be fully completed to be considered for volunteer placement. Please note we do <u>not</u> currently offer volunteer opportunities to individuals seeking court-ordered community service.

PERSONAL INFORMATION		
Last Name First Name	e	M.I.
Street Address and/or Mailing Address		
City	State Zip (Code
Home Telephone Number:	Preferred Contact No	.: Home Cellular
Cellular Telephone Number:	Preferred Contact Tir	ne:
Email Address:		
GENERAL INFORMATION		
Are you 14 years of age or older? Yes No School Currently Attending: Current Grade: 8th 9th 10th		•
VOLUNTEER POSITION		
Identify the volunteer opportunities that interest Library Township Events (4th of July, Movies in		Library and Township Events
If you marked <u>Library</u> above, please identify the possible assions. Shelving and straightening of library materia Dusting shelves Cleaning puzzles and toys Helping with inventory of supplies and organ Indoor and outdoor cleaning / watering indo Hospitality (greeting and welcoming patrons Creating scrap paper and craft preparation Assisting with special events at the library Shredding documents	nizing supplies por plants	

AVAILABIL	ITY						
When can you b	egin volunteer	ring?					
What is your av	ailability?	Regular Shifts	Regular S	hifts + Special I	Events	Special Events	Only
What is your pr	eferred numbe	er of volunteer l	nours per week?				
Please indicate	the days and ti	mes that best fi	t into your sched	lule for volunte	ering:		
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
Due to state law to	een volunteers (cannot he schedu	l ıled more than 6 da	avs in 1 week or	during school k	nours MCI 409 1	11
months of conticommitment? Yes Notwithstanding	nuous service for a service for the foregoi	for each volunt Applicable. I d ng, volunteers	er Township's Likeer period. If sele on ot wish to volus serve at the wi	ected as a Libra	ry volunteer, brary.	can you make t	his
without cause							
GENERAL S			s do you have tha	+ marr halm wa n	actab rron rrit	h the best welve	atoon.
assignment? (A				it may neip us n	iatcii you witi	ii tile best volui	iteer
PREVIOUS V							
			xperience. (<i>Attac</i>	ch additional pa	ges if necessai	y.)	
PURPOSE F	OR VOLUN	TEERING					
Why are you int	erested in volu	inteering for th	e Allendale Char	ter Township?	(Attach addit	ional pages if ne	ecessary.)
Is this an assign	ment for schoo	ol? Yes	No				
If your answer t	o the question	above is "yes",	please answer th	ne following:			
Nui	nber of hours	you are require	ed to complete: _			_	
Dea	dline to compl	lete hours for a	ssignment/proje	ct:			
Cou	rse or organiz	ation in which	assignment was	assigned:			
Note: Please ke complete your p		t the Township	cannot guarante	ee to have enou	gh volunteer l	nours available	for you to

REFERE	ENCES	
	ntify two individuals, who are not related to you, aracter. Employment, school, previous volunt	who have knowledge of your experience, qualifications,
1	Name:	Phone:
	Relationship:	Email:
2	Name:	Phone:
	Relationship:	Email:
CONVIC	TIONS	·
pardoned,	other than a minor traffic violation? Yes trions are not an automatic bar to volunteer placement but are	contendere to, a crime that has not been expunged or No e reviewed in relation to the duties you might perform. This information rmitted by law. We do not currently offer volunteer opportunities to
	eeking court-ordered community service. Untruthful answer	
EMERG	ENCY CONTACTS	
Emergenc	y Contact #1:	Relationship:
Home Pho	ne:	Work Phone:
Emergenc	y Contact #2:	Relationship:
Home Pho	ne:	Work Phone:
CERTIF	ICATION AND ACKNOWLEDGMENT	
voluntarily	y. I understand that this information may be di	eer application are true and correct and have been given sclosed to any party with legal and proper interest, and I from any liability for supplying such information.
and to pla		t to screen volunteers, to accept or reject any applications, based on the needs of the Township. I also understand that
		ces as a volunteer, and I am giving my time freely to the orkers' compensation or group benefits in the event of an
	understand that the Township reserves the ri my volunteer service at any time, for any reason	ght to evaluate volunteer performance and the right to and with or without notice.
APPLICA	NT:	PARENT/GUARDIAN:
	(Print Name)	(Print Name)
	(Signature)	(Signature)
	(Date)	Parent/Guardian signature is required.
		For Office Use Only:
		Received by:



Consent to Background Check and Release

As a present or prospective volunteer of the Allendale Charter Township (the "**Township**"), I understand it is the Township's policy to secure criminal background information as part of the screening process, using the information provided below:

Last First M.I. Aliases:	Name:			
Address: Street City State Zip Date of Birth: Social Security Number: I authorize the Township to make inquiries as to my employment, education, experience, an character and to confirm that all statements made on this application are true. I authorize the Township to obtain information about my criminal history record, which may include information about arrests convictions, plea bargains, and deferred adjudications. I acknowledge that the Township may use this an other information to determine my eligibility for volunteer positions with the Township. I understand tha as long as I am a volunteer, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and that a procedure is available to me to obtain clarification from the appropriate reporting agency if I dispute the record as received. APPLICANT: PARENT/GUARDIAN: (Print Name) (Signature) (Signature) (Date) Parent/Guardian signature is required. For Office Use Only: Received by: Received by:			Į.	M.I.
Street City State Zip Date of Birth: Sex:	Aliases:			
Street City State Zip Date of Birth: Sex:	Address:			
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(Print Name) (Print Name) (Signature) (Signature) (Date) Parent/Guardian signature is required. For Office Use Only: Received by:	obtain information about a convictions, plea bargains, a other information to determ as long as I am a volunteer, that I will have an opportun	my criminal history ind deferred adjudication in my eligibility for vector the criminal history reality to review the criminal history in the criminal histo	record, which may inclutions. I acknowledge that colunteer positions with the cords check may be repondental history and that a property of the cords check may be repondental history and that a property are a property and that a property are a property and the content of the conte	ide information about arrests the Township may use this and he Township. I understand that eated at any time. I understand procedure is available to me to
	APPLICANT:		PARENT/GUARDIAN	:
(Date)		(Print Name)		(Print Name)
Parent/Guardian signature is required. For Office Use Only: Received by:		(Signature)		(Signature)
For Office Use Only: Received by:		(Date)	Parent/Guardian signatu	(Date)
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Received by:				
			For Office Use O	nly:
			-	



Volunteer Liability Waiver

I offer to volunteer my services without compensation to the Allendale Charter Township (the "Township").

I release the Township, and their officers, directors, agents, patrons, employees, and volunteers from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my volunteer work for the Township.

I agree to hold harmless the Township against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including, without limitation, fees and expenses of attorneys, expert witnesses, and other consultants) which may be imposed upon, incurred by, or assessed against the Township by reasons of any negligent or wrongful act on my part, or any failure by me to perform volunteer work.

I agree to abide by all directions, procedures, and guidelines applicable to volunteers, to treat Township's staff, volunteers, and visitors with courtesy and respect, and to be a cooperative and considerate representative of the Township.

I understand that there are occasions where pictures may be taken while I am a volunteer and I further understand that these pictures may be used for promotional purposes by the Township. I have no expectation of payment for the use of my pictures and agree to release the Township of any obligations or responsibility of such pictures being used.

I accept the Township's right to dismiss me for poor performance of my duties, for poor attendance, for the lack of need for my services, or for any other reason permitted by law.

APPLICANT:		PARENT/GUARDIAN:	
	(Print Name)		(Print Name)
	(Signature)		(Signature)
	(Date)	Parent/Guardian signature is req	(Date) uired.

For Office Use	Only:
Received by: Date:	



APPLICANT:

Workplace Accommodations Notice

The Allendale Charter Township (collectively, the "**Township**") provide equal employment opportunity for all persons regardless of race, religion, color, sex, height, weight, marital status, national origin, age, disability, or any other classification protected by federal, state, or local law.

The Township will make reasonable accommodations for known physical or mental disabilities of an applicant, volunteer, or employee, as well as known limitations related to pregnancy, childbirth, or a related medical condition, such as lactation, unless the accommodation would cause an undue hardship. Among other possibilities, reasonable accommodations could include:

- Acquisition or modification of equipment or devices;
- More frequent or longer break periods or periodic rest;
- Assistance with manual labor; or
- Modification of work schedules or job assignments.

Employees, volunteers, and job applicants have a right to be free from unlawful discrimination and retaliation. For this reason, the Township will **not**:

- Deny volunteer opportunities on the basis of a need for reasonable accommodation;
- Deny reasonable accommodation for known limitations, unless the accommodation would cause an undue hardship;
- Take an adverse employment action, discriminate, or retaliate because the applicant or volunteer has inquired about, requested, or used a reasonable accommodation;
- Require an applicant or an employee to accept an accommodation that is unnecessary; or

Disabled applicants, volunteers, and employees may request an accommodation by notifying the Township of the need for accommodation within 182 days of the date the person knows or should know that an accommodation is needed. Failure to properly notify the Township will preclude any claim that the Township failed to accommodate the disabled individual. To request an accommodation or to discuss concerns or questions about this notice, please send an email to <a href="https://example.com/https://example.

By signing below, I affirm that I have read and understand this Workplace Accommodations Notice, including the proper procedure for requesting an accommodation.

PARENT/GUARDIAN:

(Print Name)	(Print Name)
(Signature)	(Signature)
(Date)	(Date)
	Parent/Guardian signature is required.
	For Office Use Only:
	For Office Use Only: Received by:



Drug-Free and Alcohol-Free Workplace Notice

The Allendale Charter Township (the "**Township**") is committed to providing a healthy, safe, drug-free and alcohol-free workplace for all employees and other individuals in our workplace. We recognize that alcohol or marijuana use, and the use of illegal drugs, could pose a threat to these goals.

In furtherance of the Township's goals, the Township strictly prohibits the illicit use, possession, dispensation, distribution, or manufacture of alcohol and controlled substances in the workplace under its Drug-Free and Alcohol-Free Workplace Policy. Any volunteer who violates this policy will be subject to disciplinary action, including suspension or termination of his or her volunteer placement.

By signing below, I certify that I have received, read, and understand this Drug-Free and Alcohol-Free Workplace Notice; have had the opportunity to have it explained to me; and that I agree to adhere to this policy.

	PARENT/GUARDIAN:	
(Print Name)		(Print Name)
(Signature)		(Signature)
(Date)	Parent/Guardian signature is required	(Date) l.
		(Print Name)(Signature)

For Office Use	Only:
Received by: Date:	