



VOLUNTEER CITIZEN ADVOCATE APPLICATION
An Equal Opportunity Employer

INSTRUCTIONS: Type or print in ink. **Complete all questions, even if you attach a resume.** Extra pages may be attached if needed. This form may be submitted to the Macomb Township Fire Department or mailed to the address on the back.

Last Name	First	Middle Initial	Phone Numbers () ()	Volunteer Position(s): 1.
Address	City	State	Zip	E-mail Address 2.
Driver's License Number	Social Security Number			3.

Are you under 18 years of age? () No () Yes *(Proof of eligibility to work will be required.)*

Are you legally eligible for employment in this country? *(Proof of citizenship or immigration status will be required upon employment.)* () No () Yes

Have you ever been convicted of a crime? () No () Yes If yes, explain when, where and the nature of the offense: _____

(A conviction record will not necessarily be a bar to employment and other factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

Dates available for volunteering: _____ to _____
MM/DD/YR MM/DD/YR

Availability: Days _____ Evenings _____ Weekends _____

Are there any reasons you may have difficulty in performing, with or without accommodation, any of the major duties of the job(s) for which you have applied? No ___ Yes ___ If yes, explain: _____

List any licenses or certifications you possess (example: First Aid, Health Card, Lifesaving, Chauffeur, etc.)

EMPLOYMENT: Indicate your last four positions of employment. Starting with the most recent.

Employer	From	To	Address	Position	Reason for Leaving

What personal experience qualifies you for the volunteer position for which you have applied?

Referred by: T.V., Newspaper, Posting, walk-in, other _____

I authorize the references and previous employers listed above to give you any and all information concerning any previous employment and pertinent information they may have, personal or otherwise. I release all parties from all liability and from all damages that may result. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by Macomb Township. All of the statements provided by me in this Volunteer Citizen Advocate Application are subject to investigation by the Township. I understand that a false answer to any question in this Application constitutes grounds to not accept me as a volunteer.

I further agree that any action or suit against the Township arising out of my volunteering or termination of volunteer work, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq., I must notify the Township in writing of the need for a handicap accommodation within 182 days of the date I knew or should have known that an accommodation was needed.

Date

Signature

If related to anyone employed by, or an elected official of, the Township, state name(s)/relationship:

MACOMB TOWNSHIP FIRE DEPARTMENT
17800 21 Mile Road
Macomb MI 48044
(586) 286-0027