LIONS OF MICHIGAN FOUNDATION

PROJECT KIDSIGHT - MICHIGAN

Volunteer Application and Background Check Authorization Form

Lions Club - District - Organization/Gre	oup Affiliation (Pleas	e Print):		
Last Name:	First Name:		Middle Name:	
Date of Birth:	1	☐ Male ☐ Female		Female
Home Address (Street):	City:		State:	Zip Code:
Home Phone (with area code):	Email Address:			
Have you had a prior criminal backgro	ound check?	Yes No		
Have you volunteered for KidSight ev	ents in the past?	Yes No		
Emergency Contact Name: Phone Number:				
	Crimina	l History		
Have you ever been convicted of a				
Are there felony charges pending a If you answer "yes" to either of the date and place of the offense, and to	ese questions, please	describe the nature of		or charge(s), the
NOTE: A criminal records backg response will not automatically d				volunteers. A "yes"
I understand that I will not be allowed t KidSight Program until a criminal back my name on the applicant signature line	ground check has be	een completed. Check	•	
I authorize the Lions of Michigan	Foundation to condu	uct a criminal backgro	und check or	n me.
Applicant Name	Date	Signature - LMF F	Executive Dir	rector Date