WHEATLAND MUSIC ORGANIZATION

VOLUNTEER INFORMATION

Legal Name: Last:	First:		Midd	lle Initial
Address:			(Gender: M F (circle one)
City:	State:	Zip Code:	R	Race:
Phone: (home):/		(work):	/	
Email:				
Special licenses or skills:				
Place of employment (optional):				
Have you: volunteered for WMO b	efore?	been convicted	of a crimina	l offense?
Date of Birth:		r:one year from		
BACKGROUND CHECK PERMISSION				
Please Read Before Signing:				
I have been provided a copy of WMO's conducted and that the existence of a creatus will commence upon the finding violence, assault, domestic violence, about the commence of	riminal record will of any criminal hi	not necessarily affect story within the prece	my volunteer ding ten (10) y	status. Automatic review of
 I understand that I am giving no check on me. I understand that the results of will be limited within the Whe. I understand that I have the rig. I hereby release the Wheatland liability whatsoever, arising our concerning my application to be. Applicants under 17 – a paren. 	this check will be atland Music Orga ht to revoke this community Music Organization to this request to e a volunteer, base	held in the strictest conization. onsent, in writing, at a on, its' employees, ago consent to a criminal ed on the results of thi	ny time. ents, and contr background ch s background ch	access to this information ractors, from any and all neck, and any decisions made
Signature				Date
Parent/Guardian Signa	ture for applican	ts under 17		Date
mail to:		fax to:		

Wheatland Music Organization PO Box 22 Remus, MI 49340

989-967-8562