WHEATLAND MUSIC ORGANIZATION

VOLUNTEER INFORMATION

Legal Name: Last:	st: First:		Middle Initial	
Address:				Gender: M F (circle one)
City:	State:	Zip Code:		Race:
Phone: (home):/		(work):	/	
Email:				
Special licenses or skills:				
Have you: volunteered for WMO	before?	been convict	ed of a crimi	nal offense?
Date of Birth:		for:one year for		<u>-</u>
В	ACKGROUN	ID CHECK PERM	MISSION	
Please Read Before Signing:				
I have been provided a copy of W will be conducted for conviction is necessarily affect my volunteer state criminal history within the precedulation against children.	nformation only atus. Automatic	y, and that the existen c review of status wil	ce of a crimil commence	inal record will not upon the finding of any
 I understand that I am givi background check on me. I understand that the result information will be limited. 	s of this check	will be held in the str	ictest confide	
 I understand that I have the I hereby release the Wheat and all liability whatsoever 	e right to revoke land Music Org r, arising out of	e this consent, in writ ganization, its' emplo this request to conse	ing, at any ti yees, agents, nt to a crimir	
Signature (applicant	or parent/guard	,		Date
mail to:		fax to:		

Wheatland Music Organization PO Box 22 Remus, MI 49340 989-967-8562