



# Ludington Senior Center - Vitality at its Best

308 SOUTH ROWE STREET. LUDINGTON, MICHIGAN 49431

PHONE: 231-845-6841

[WWW.LUDINGTONSENIORCENTER.ORG](http://WWW.LUDINGTONSENIORCENTER.ORG)

[WWW.FACEBOOK.COM/LUDINGTONAREASENIORCENTER](http://WWW.FACEBOOK.COM/LUDINGTONAREASENIORCENTER)

## Volunteer Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current or past occupation if retired: \_\_\_\_\_

Other information that will help us make a good match (ex: Education, general interests/hobbies) \_\_\_\_\_

### What Areas are you interested in?

Receptionist ☐

Library ☐

Organizing ☐

Lawn Care at center ☐

Special Events (Expo, Ice Cream Socials, Arts & Crafts, Special dinners.) ☐

Set-up/Clean-up/Cooking for events ☐

Delivering Newsletters ☐

**Providing activities** - Crafts ☐ Games ☐ Exercise classes ☐ Entertainment ☐

Other: \_\_\_\_\_

**Providing services**- Blood Pressures ☐ Minor Household Chores ☐

Minor Home Repairs ☐ Tax Assistance ☐ Minor Home Repairs ☐

Grocery Shopping ☐ Home Visiting ☐ Medicare Counselor ☐

# **LUDINGTON Area Senior Center**

## **Confidentiality Agreement**

### **Confidentiality**

I understand that I will have or may have access to certain files and other information about clients/participants that come into the Ludington Area Senior Center, including medical, insurance, financial and other personal data of a sensitive or confidential nature.

I agree to keep such information confidential and to use it only to perform my duties as a team member, to the extent that a client/participant explicitly authorizes.

I understand that any breach of this confidential agreement will result in disciplinary action up to and including dismissal.

Name Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Center Director: \_\_\_\_\_

Andrea Morrell



**CITY OF LUDINGTON**  
**CRIMINAL BACKGROUND RECORDS WAIVER OF LIABILITY, DISCLOSURE, DRIVER'S LICENSE CHECK,**  
**AUTHORIZATION AND RELEASE**

**Individuals applying for employment or a volunteer position with the City of Ludington and existing employees and volunteers of the City of Ludington working or volunteering in a position required to have a criminal background and/or driver's license check, PLEASE COMPLETE THE FOLLOWING:**

As part of the risk management process and pursuant to its policies, the CITY OF LUDINGTON (the "City") will perform checks of criminal history records and/or driver's license checks on existing employees, individuals seeking employment with the City, including regular and seasonal new hires and volunteers. These individuals may work with children, adults and seniors with disabilities, and/or persons with frail and fragile physical circumstances or preconditions of other circumstances as the City deems necessary. Such individuals will be required to maintain satisfactory criminal history records as a condition of employment or to volunteer. In addition, the City may periodically perform background checks randomly on employees and volunteers who have been previously checked and who continue to be involved in a position with the City whereby the City may require such background checks of such individuals.

In consideration of my employment or volunteer eligibility (or continued employment or volunteer eligibility if I am a current employee or volunteer) with the City of Ludington **(Please Print Name) I, \_\_\_\_\_**, hereby authorize and give consent for the City to obtain information pertaining to possible criminal history on myself. **I understand background checks may be completed as needed ore required for my employment.** This includes the following:

- Criminal Background Records / Information
- Sex Offender Registry Information
- Addresses and Social Security Number Verification

I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to the City, its officers, agents or employees, and (ii) the City, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information. Furthermore, I understand that this release is signed, free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment or volunteer eligibility with the City and that such information will be held in confidence in accordance with the City's guidelines.

These records being checked are covered by the Fair Credit Reporting Act. The Fair Credit Reporting Act gives me specific rights in dealing with agencies that provide these reports to the City. Attached to this Release, Disclosure and Authorization is "A Summary of Your Rights under the Fair Credit Reporting Act", including appeal procedures. Before making any adverse employment action which is based on the information received from a criminal background check, the City will notify me in writing and will provide be with a copy of the report and "A Summary of Your Rights under the Fair Credit Reporting Act".

**(Please Print)**

**Full Name:** \_\_\_\_\_  
**Last** **First** **Middle**

**Any Other Named Used:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Last 4 digits Only** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
**Street** **City** **State** **Zip Code**

**Driver's License Number:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**City Department:** \_\_\_\_\_ **Position:** \_\_\_\_\_

By my signature below, I hereby acknowledge the information outlined above and I also authorize the CITY OF LUDINGTON to obtain such records. (If a minor (Under age 18), signature must be accompanied by a parent's or legal guardian's signature.)

**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date Signed** \_\_\_\_\_  
(If Required)

**FOR OFFICE USE ONLY:**

Background Check Date	_____	Approved	_____	Not Approved	_____	Checked by ... Employee Initials	_____
Nat. Sex Offender Registry	_____	Approved	_____	Not Approved	_____	Checked by ... Employee Initials	_____
MI Sex Offender Registry	_____	Approved	_____	Not Approved	_____	Checked by ... Employee Initials	_____
Driver's License Check Date	_____	Approved	_____	Not Approved	_____	Checked by ... Employee Initials	_____
PD Data Base Check Date	_____	Approved	_____	Not Approved	_____	Checked by ... Employee Initials	_____

If required Applicant / Volunteer / Employee Notified \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_