P.O. Box 423
Saline, Michigan 48176-0423
Phone (during fair week) 734.429.1131

mysalinefair@yahoo.com

Volunteer Application Form Date: _____

Full Legal Name (First, Middle, Last): _____
Address: _____
City: _____
State: _____
Zip Code: _____
Email Address: _____
Home Phone # (if applicable): _____
Cell Phone Number: _____
Date of Birth: _____

Race (check one) White: ___ American Indian: ___ Asian: ___
Black: ___ Unknown: ___

Area of Interest: _____

Have you ever been convicted of a Felony? Yes - No (Circle one)
Have you ever been convicted of a misdemeanor? Yes - No (Circle one)

I agree to having a background check performed.

Signature: _____

Date: _____

**********

**Administrative Use Only**
Applicant Status: Approved Not Approved (Circle one)
Check completed by: _____