



**Canton Township Leisure Services Department  
Volunteer Emergency Medical Information Sheet**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

Relation to Employee \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

2nd Emergency Contact \_\_\_\_\_

Relation to Employee \_\_\_\_\_ Phone Number \_\_\_\_\_

The information below is designed to provide you with proper medical care in the event of an emergency and is **VOLUNTARY**- completion of the below is **OPTIONAL**:

Allergies/sensitivities: \_\_\_\_\_

Medical conditions the Township should be aware of: \_\_\_\_\_

Medications: \_\_\_\_\_

The information I have provided above is accurate. I understand and acknowledge that this information could be made available to any employee who could assist me in the event of an emergency.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Volunteer (if minor)

\_\_\_\_\_  
Date

Internal Use Only

\_\_\_ Original sent to CLS Administration Office

\_\_\_ Copy sent to volunteer's work site

Charter Township of Canton  
Leisure Services Department

**Authorization for Criminal Background Investigation**

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

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Have you lived outside of Michigan in the past twelve months? YES NO

**If YES, please indicate previous address on the back of the form.**

Have you ever been convicted by plea or trial of any crime including traffic offenses? YES NO

**If YES, please indicate your conviction on the back of the form.**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**CERTIFICATION STATEMENTS**

I certify that the above statements are true and that the making of false statements may be considered sufficient cause for immediate dismissal upon discovery thereof. I understand, and agree, that any misleading information or omission of information may be cause for dismissal.

I specifically authorize the Charter Township of Canton, its agents, and its employees to make inquiries of courts, law enforcement agencies, and other entities for records of criminal convictions.

I understand that it is the intent of Canton Township to deny participation to any person who has been involved in or convicted of a any criminal activity that may be harmful to the Township, the activity or the participants. I understand that any inappropriate and/or unacceptable conversation or conduct with any participant may be grounds for immediate dismissal.

I also understand that Canton Township reserves the right to submit random checks on individuals at any time.

I agree to hold the Charter Township of Canton, its agents, volunteers, officers, elected officials, employees and all parties involved harmless from any actions arising out of any criminal records check that may be done.

By checking "yes", I certify that the information contained in this form is accurate. I Agree: Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge that I am the signer, and further that I agree to the above Terms of acceptance: Yes No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Additional Information for  
Authorization for Criminal Background Investigation**

**Previous Address(es) - within past twelve months**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dates Residing At That Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dates Residing At That Address \_\_\_\_\_

**Convictions (by plea of guilty, no contest or trial):**

<u>Court Where Conviction Occurred</u>	<u>Date of Conviction</u>	<u>Name of Offense</u>	<u>Police Department or Agency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all convictions whether they have been expunged, purged, dismissed or otherwise resolved after a conviction.