**Volunteer Application and Background Check Authorization Form**
**PROJECT KIDSIGHT - MICHIGAN**

| **Lions Club - District - Organization/Group Affiliation** (Please Print)**:** | | | |
|---|---|---|---|
| Last Name: | First Name: | Middle Name: | |
| Date of Birth: | ☐ Male ☐ Female | | |
| Home Address (Street): | City: | State: | Zip Code: |
| Home Phone (with area code): | Email Address: | | |

Have you had a prior criminal background check?: ☐ Yes ☐ No

Have you volunteered for KidSight events in the past?: ☐ Yes ☐ No

Emergency Contact Name:_____ Phone Number: _____

**Criminal History**

Have you ever been convicted of a misdemeanor or felony crime? Yes No

Are there felony charges pending against you at this time? ☐ Yes No

If you answer "yes" to either of these questions, please describe the nature of the crime(s) or charge(s), the date and place of the offense, and the legal disposition of the case.

_____

_____

_____

**NOTE: A criminal records background check is conducted on all Project KidSight volunteers. A "yes" response will not automatically disqualify an individual from consideration.**

I understand that I will not be allowed to begin volunteer work with the Lions of Michigan Foundation and its Project KidSight Program until a criminal background check has been completed. Checking the consent box below and typing my name on the applicant signature line constitutes my electronic signature.

☐ I authorize the Lions of Michigan Foundation to conduct a criminal background check on me.

_____ _____ _____ _____

Applicant Name Date Signature - LMF Executive Director Date