

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

<b>Lions Club - District - Organization/Group Affiliation (Please Print):</b>			
Last Name:	First Name:	Middle Name:	
Date of Birth:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address (Street):	City:	State:	Zip Code:
Home Phone (with area code):	Email Address:		
Have you had a prior criminal background check?:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you volunteered for KidSight events in the past?:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Emergency Contact Name: _____	Phone Number: _____
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<b>Criminal History</b>	
Have you ever been convicted of a misdemeanor or felony crime?	Yes      No
Are there felony charges pending against you at this time?	<input type="checkbox"/> 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