



Macomb County Sheriff's Office

VOLUNTEER / SENIOR GREETER APPLICATION

Name:		Social Security Number:	
Present Address:		Driver's License Number:	
City:	State:	Zip Code:	
Home Telephone Number:	Work Telephone Number:	Cell Phone Number:	
()	()	()	
E-mail Address:		Date of Birth:	

Please write a short narrative about yourself and your reason of interest in being a volunteer.

REFERENCES:

List three personal references

1	Name:	Home Phone:
		()
	Address:	Cell Phone:
		()
	City, State & Zip Code:	Work Phone:
		()

2	Name:	Home Phone:
		()
	Address:	Cell Phone:
		()
	City, State & Zip Code:	Work Phone:
		()

3	Name:	Home Phone:
		()
	Address:	Cell Phone:
		()
	City, State & Zip Code:	Work Phone:
		()

I, the undersigned applicant, do hereby make application for membership in the Macomb County Sheriff's Office Volunteer Division. I authorize the Macomb County Sheriff's Office to make inquiries and to conduct a background investigation on myself. This will serve to waive any and all rights that I might have under the 1974 Privacy Act, 5 USC 552 A and any claim I might have had under Michigan law on the basis of invasion of privacy.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of membership.

Applicant's Signature

Witness Signature

Date

Date

Witness Name (Please Print)

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

**MACOMB COUNTY SHERIFF'S OFFICE
43565 ELIZABETH ROAD
MT. CLEMENS, MI 48043**