

READ THOROUGHLY BEFORE SIGNING. ASK QUESTIONS FIRST, IF YOU HAVE ANY

I agree that any action or lawsuit against Bay County, arising out of my volunteer activity or termination thereof, including, but not limited to, state or federal civil rights statutes, must be filed within 180 days of the event giving rise to the claim or be forever barred. I waive any limitation periods to the contrary.

I certify that the information contained in this application, and future information in support of my application, is correct and understand that falsification of this information is grounds for dismissal. I authorize the references I have provided and my former and/or current employer(s) to give you any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damages, causes of actions, including, but not limited to, slander and libel, that may result from the furnishing of information. In consideration of my volunteer assignment, I agree to conform to the rules and regulations of the employer and agree that my volunteer assignment can be terminated, with or without cause, and with or without notice, at any time, and my volunteer status is at will. I understand that no manager or representative of the employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that any volunteer offer is conditional upon the results of the drug-screening test and the post-offer medical examination, if any. I authorize the employer to make a check of my records of driving violations and criminal history, if any. I have read, understand, and agree to the terms contained in the certifications listed herein.

**SEND TO: BAY COUNTY DIVISION ON AGING VOLUNTEER PROGRAM
DEBBIE KEYES, VOLUNTEER COORDINATOR
PHONE: (989) 895-4100
E-MAIL: KEYESD@BAYCOUNTY.NET
515 CENTER AVENUE, SUITE 202
BAY CITY, MI 48708-5121**

Date

Signature of Volunteer Applicant

Print Volunteer Name

Date

Signature of Witness

Print Witness Name