



Senior Nutrition Program
231-299-7855

SENIOR NUTRITION PROGRAM
VOLUNTEER REGISTRATION

Today's Date: _____

Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Do you have any physical conditions that might limit your ability to perform this volunteer activity? Describe: _____

Person to notify in case of emergency: _____

Relationship _____ Phone number _____

Previous or current work occupation _____

Previous volunteer work _____

How often would you like to volunteer:

Daily _____ Weekly _____ Other _____ Substitute on call _____

How did you hear about the Senior Nutrition Program _____

Signature _____



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MANISTEE COUNTY COUNCIL ON AGING
ICHAT/SOR CLEARANCE REQUEST

Employment with the Manistee County Council on Aging is contingent upon the completion of the State of Michigan's Internet Criminal History Access Tool (ICHAT) report and the National and State Sex Offender Registry (SOR) check. These background checks indicate misdemeanors as well as felony charges and the outcomes of these charges.

Please provide the following information needed for the completion of the ICHAT/SOR clearance.

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

This signature certifies the above information to be correct and grants permission to MCCOA to obtain the ICHAT and SOR clearance reports

Applicant Signature

Date

PLEASE RETURN THIS FORM TO MCCOA

FOR OFFICE USE ONLY:

_____ Employee _____ Volunteer

Please check appropriate clearance check

_____ ICHAT completed by _____
Issuing Coordinator/Manager Date: _____

Return this completed form to Executive Director