Oshtemo Fire Department Citizen Advocate Volunteer Application

The Oshtemo Fire Corps program is a great opportunity for you to help your local fire and emergency services departments as well your community. In order to ensure that your time and talents will be best utilized, fill out the following form and return it to the Oshtemo Fire Department located at 7275 W. Main Kalamazoo, MI 49009.

Name_____ Date of Birth: _____/_____/_____

Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____ E-mail:_____

Have you ever been convicted of a crime? ☐ yes ☐ no

If yes, please explain: _____

_____

_____

_____

Is there a specific job or area you might be interested in?
(Please check all that apply)

Current Programs

- ☐ **Life Safety Education**
- ☐ **Photographer/Videographer**
- ☐ **Emergency Scene Refreshments (REHAB)**

Future Programs

- ☐ Administrative
- ☐ Auxiliary
- ☐ Fitness Instructor
- ☐ Fundraising
- ☐ Website Developer
- ☐ Other_____
- ☐ Explorer Post
- ☐ Chaplain Corps
- ☐ Preplanning
- ☐ Grant Writing
- ☐ Not Sure

Please list any special talents or skills.

_____

_____

_____

_____

I understand that the position I am applying for is a volunteer position (please initial)_____

The undersigned recognizes and acknowledges that he/she is a volunteer working on behalf of the Township solely in the capacity as an unpaid for under Michigan or United States federal statute. As a volunteer, I agree to only act within the scope of the authority specifically granted to me and to carry out only those activities specifically assigned to me as a volunteer.

The Township agrees to provide workman's compensation coverage for me and to provide governmental immunity provided I exercise only those duties assigned to me.

I have answered all of the above questions honestly and to the best of my ability.

_____ _____

Signature Date

On behalf of the Oshtemo Fire Department we would like to thank you for supporting your local fire and emergency services.

For more information please contact the Oshtemo Fire Department at www.oshtemo.org/fire or 269-375-0487.

Oshtemo Fire Department
Liability Waiver

The undersigned individual agrees to release, acquit, forgive, and discharge Oshtemo Fire Department and any/all related Oshtemo Fire Department entities and individuals from any actions, claims, demands, suits, agreements, judgments, liabilities, and proceedings, whether arising in equity or in law, and in particular arising from:

* The use of any/all of Oshtemo Fire Department related equipment or any activity relating to Fire Corps or department.

* All volunteers are covered by workers compensation for disability or death as a result of accidental injuries or occupational disease suffered in the course of volunteer work. All injuries, even minor ones, must be reported immediately to the volunteer's immediate supervisor.

This release shall remain binding upon all successors in interest and personal representatives of the contracting parties, to the extent permitted by law.

_____

Participant's name (please print)

_____ _____

Participant's signature **Date**

For more information contact the Oshtemo Fire Department at
www.oshtemo.org/fire or 269-375-0487

Charter Township of Oshtemo
7275 West Main Street
Kalamazoo, MI. 49009

AUTHORIZATION TO RELEASE INFORMATION

(For official use only, **not** to be released to unauthorized persons.)

Print Name: _____ Date of Birth: _____
(First, Middle, Last)

I hereby authorize the Township Supervisor of the Charter Township of Oshtemo, 7275 West Main Street, Kalamazoo, MI. 49009, or other authorized representative bearing this release to, within two years of its date, obtain information and records pertaining to me from any and all of the following sources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining employment data)
5. Any previous, current or past employer
6. Any school, college, university or other educational institution
7. Any office, clinic, sanitarium or hospital where illnesses, injuries and/or deterioration (physical and/or mental in nature) are diagnosed and treated.

I hereby release any Municipal, State or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. _____
2. _____

Address: _____

Social Security Number: _____

Driver's License Number: _____

CONFIDENTIAL INFORMATION

_____
Applicant's Signature (in presence of Notary)

Subscribed and sworn to before me this
_____day of _____, 20_____

_____

Notary Public,_____County

State of _____

My Commission expires: _____

A photo copy of this authorization shall be as valid as the original.

A Notary Public is often available at the Township Office to assist in completing this document.