



Renewal  Date \_\_\_\_\_ (Last date checked)  
New

# VOLUNTEER ASSESSMENT FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial Other (Nickname, Surname, Maiden Name, etc.)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
Month Day Year

Race:  
 Caucasian  
 African American  
 Asian or Pacific Islander  
 American Indian or Alaskan Native  
 Unknown/Other \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_

In what capacity will you be working or volunteering for NORA? \_\_\_\_\_

I understand that it is necessary to have a Michigan State Police background check done before I volunteer or work for Northwest Ottawa Recreation Authority. I understand that the information submitted will remain confidential. I agree to allow district-designated personnel from NORA to submit the above information to the Michigan State Police ICHAT (Internet Criminal History Access Tool) for review.

\_\_\_\_\_  
Signature of Volunteer

<b>~ FOR OFFICE ONLY ~</b>
NORTHWEST OTTAWA RECREATION AUTHORITY
Date Check Completed: _____
Results of Check:    N    Y
If YES (record found), what is final disposition/comments: _____
_____
Information Submitted by: _____
_____
_____

*Northwest Ottawa Recreation Authority does not discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, disability, or limited English proficiency in any of its programs or activities. Any questions refer to NORA at 850-5125*