



City of Flint Blue Badge Volunteer Corps

INFORMATION FORM

NAME: _____ D.O.B: ____ / ____ / ____

ADDRESS: _____ WARD: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ ALT. PHONE: () _____

EMAIL: _____

EDUCATION

(Circle highest Grade Completed)

GRADE SCHOOL: 6 7 8 HIGH SCHOOL: 9 10 11

DIPLOMA/GED COLLEGE: 1 2 3 BEYOND: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES OR CRIMINAL ACTIVITY?

YES / NO

IF SO WHEN? _____

SKILLS AND INTERESTS

CURRENT/PREVIOUS WORK EXPERIENCE: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

HOBBIES, INTERESTS, SKILLS: _____

SPECIAL TRAINING: _____

VOLUNTEER INFORMATION

SHORT TERM: _____ LONG TERM: _____ SPECIAL PROJECT: _____

DO YOU NEED TRAINING? YES/NO (CRIME WATCH) (BLOCK CLUB) (MINI-STATION) (POLICE VOLUNTEER)

ARE THERE ANY PHYSICAL CONDITIONS TO BE TAKEN INTO CONSIDERATION IN ARRANGING VOLUNTEER ASSIGNMENTS FOR YOU? YES/NO

IF YES, PLEASE EXPLAIN: _____



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AVAILABILITY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						
EVENING						

EMERGENCY CONTACTS

NAME: _____ RELATIONSHIP: _____

PHONE: () _____ ALT. PHONE: () _____

NAME: _____ REALTIONSHIP: _____

PHONE: () _____ ALT. PHONE: () _____

PHYSICIAN: _____ PHONE: () _____

MEDICAL CONDITIONS

(PLEASE CHECK WHICH CONDITIONS APPLY TO YOU)

HEART PACER _____

PORTABLE OXYGEN TANK _____

DIABETIC _____

HEARING AID _____

EPILEPTIC _____

OTHER _____

ALLERGIES _____

WHAT TYPE OF ALLERGIES? _____

(i.e. WEATHER ALLERGIES, FOOD ALLERGIES, GRASS/POLLIN ALLERGIES)

PLEASE LIST OTHER MEDICAL CONDITIONS THAT YOU FEEL WE SHOULD BE AWARE OF FOR YOUR SAFETY

1. _____ 3. _____

2. _____ 4. _____