



# APPLICATION TO VOLUNTEER

The City of Bisbee thanks you for your service to our community!

**PLEASE PRINT CLEARLY IN INK OR TYPE**

Date of Application: \_\_\_\_\_

What type of volunteer work are you interested in doing? Please check all that apply.

- Animal Shelter    Visitor's Center    Library    Queen Mine Tour    Children's Programs  
 Sports Programs    Parks    Recycling    Other: \_\_\_\_\_

Last Name

First Name

Middle Initial

Mailing Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Email

Social Security Number

Please provide a brief summary of Work/Volunteer Experience:

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Education (Please check highest level obtained):

- High School Graduate    Some College Courses    College Graduate

College Degree or Major: \_\_\_\_\_

List any interests, skills, training or hobbies you may have that may be helpful to the city:

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When would you be available to volunteer?

Days of the week you are available \_\_\_\_\_

Hours preferred: \_\_\_\_\_

Are there any physical conditions to be taken into consideration in arranging volunteer assignments for you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor by any court or do you have any pending criminal charges against you?       Yes       No

If yes, explain: \_\_\_\_\_

What is your date of birth? \_\_\_\_\_

**I hereby certify and affirm that all the information contained in this application is true, complete and correct. I understand that false or misleading statements or the omission of important information made on this application or any time during the process may disqualify me from volunteer work with the City of Bisbee.**

**By signing this application, I authorize the City of Bisbee to investigate my employment background and qualifications and perform a check of criminal convictions, and I authorize my previous employers to release to the City of Bisbee information concerning my previous employment, education, training, experience and job performance and any other pertinent information concerning my professional competence, ethics and qualifications for volunteer work.**

**I release my prior employers and their agents, and the City of Bisbee, from any and all liability for damages of any kind that may result to me or my family because of compliance with this authorization to release information.**

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

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