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	\Box Visitor's Center	Library	Queen Mine Tour	□ Children's Programs
□ Sports Programs	\Box Parks \Box Recycli	ing 🗆 Othe	er:	

(
Last Name		First Name		Middle In	itial	
Mailing Address	Number	Street	City	State	Zip Code	
Telephone Number(s)		Email		Social Secu	rity Number	_

Please provide a brief summary of Work/Volunteer Experience:

ducation (Please check hi	ghest level obtained):		
High School Graduate	□ Some College Courses	College Graduate	
ollege Degree or Major:			
ist any interests, skills, train	ning or hobbies you may have	e that may be helpful to the city:	

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? \Box Yes \square No If yes, explain:_____

What is your date of birth? ______ Are you related to a City of Bisbee Employee_____

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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