



Town of Clarkdale
P.O. Box 308 / 39 North Ninth Street
Clarkdale, AZ 86324
(928) 639-2460 Fax (928) 639-0029

**TOWN OF CLARKDALE
SPECIAL EVENT VOLUNTEER APPLICATION**

Date of Application: _____ **Complete & return application to: joni.westcott@clarkdale.az.gov;
Fax 928-639-2409; or drop off at the Clark Memorial Library, 39 N 9th**

Section I: General Information

Name: _____ Date of Birth: _____
Address: _____
Mailing Address: _____
Phone # _____ Alt./Cell Phone# _____
Email Address: _____
Do you possess a valid Arizona Driver's License? Yes No
Have you ever been convicted of a felony, misdemeanor, or ordinance violation in any state? (exclude traffic violations) Yes No
If yes, please attach a separate sheet with your information include full details, nature of offense and punishment or penalty.

Section II: Emergency Contact

In case of an emergency, please contact the following:
Emergency Contact: _____ Phone #: _____ Alt. Phone#: _____
Address: _____
If you have a medical provider you wish to have contacted, please provide their name and phone number:
Medical Provider Name: _____ Phone #: _____

Section III: Volunteer Agreement

I _____, choose to participate in Clarkdale's event (list name of event):
_____, as a volunteer and understand that my services are donated to
the Town of Clarkdale without contemplation of compensation or future employment, given for humanitarian or charitable reasons.
I hereby declare that I will comply with all of the requirements of ordinances and regulations of the Town of Clarkdale. I hereby
authorize the Town of Clarkdale to verify, by direct contact or otherwise, any or all information provided in the application and any
subsequent interview and release the Town of Clarkdale from any and all liability arising from those actions.

Signature of Volunteer Date

Section IV: Parent or Legal Guardian consent for Volunteers Under Age 18

All volunteers under the age of 18 must have a parent or legal guardian complete this section.

CONSENT OF PARENT OR LEGAL GUARDIAN FOR MINOR'S PARTICIPATION AS A VOLUNTEER

I, _____, the parent/ legal guardian of _____, choose to permit
_____ to participate in the **Special Event** as a volunteer. I understand that my child's or ward's
services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will
abide by any rules and direction provided by those helping to administer _____.

Signature of Parent/Guardian (Required if volunteer is under the age of 18) Date

CONSENT OF PARENT OR GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER

I, _____, the parent/legal guardian of _____, a minor
who was born on _____, authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and
I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment or care rendered to or for said minor for injuries.

Signature of Parent/Guardian Date

Town Use Only

Date: _____ Staff Approval : _____

Special Event Volunteer Position/Schedule Preference

Please complete the information below and return it with Special Event Volunteer Application.

Name: _____

Do you prefer to be contacted by: Phone Email

Please choose your top 3 volunteer positions/job duty preferences (with 1st being your #1 choice):

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Are you available to work the full day? Yes No

Are you willing to work multiple positions/job duties or more than your choice/job duty requires? Yes No

Please list the times you are available to work: _____.

Do you have any physical conditions that we need to consider when assigning you to a job? Yes No

If Yes, please explain: