



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

**TOWN OF CLARKDALE  
 VOLUNTEER APPLICATION**

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

Please complete the application and mail to: Town of Clarkdale, ATTN: Community Services Department  
 P.O. Box 308, Clarkdale, AZ 86324

**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

**Section II: Youth Volunteer Information (14 to 17 years of age)**

If prospective volunteer is under the age of 18, please provide the following information:

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Alt./Cell Phone# \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

**Section III: 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 IV: References**

Please list two references who are over the age of eighteen (18) years and are not relatives.

Name	
Phone:	Email Address:
Name:	
Phone:	Email Address:

**Section V: Availability**

Please indicate which days/times you are available.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available							
Start:							
End:							

Number of Hours per week: \_\_\_\_\_ per month: \_\_\_\_\_

If you are only available at specific times during the year, please explain: \_\_\_\_\_

\_\_\_\_\_

**Section VI: Volunteer Interests**

Indicate Special Skills or Areas of Interest:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Neighborhood Contact/Coordinator	<input type="checkbox"/> Volunteer Coordinator
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Grant Writer	<input type="checkbox"/> Painting	<input type="checkbox"/> Youth Activities
<input type="checkbox"/> Clerical	<input type="checkbox"/> Health Care	<input type="checkbox"/> Photography	<input type="checkbox"/> Instructor/Trainer Please describe your experience as a trainer/instructor: _____ _____ _____ _____ _____ _____
<input type="checkbox"/> Computer	<input type="checkbox"/> History Projects	<input type="checkbox"/> Planning	
<input type="checkbox"/> Communication	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Research	
<input type="checkbox"/> Education	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Sports	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Library	<input type="checkbox"/> Tutoring	
<input type="checkbox"/> Environmental	<input type="checkbox"/> Maintenance/ Buildings	<input type="checkbox"/> Technical Writer	
<input type="checkbox"/> Events	<input type="checkbox"/> Maintenance/Grounds	<input type="checkbox"/> Trail Building/Maintenance	

List any specific Town Departments you wish to volunteer for: \_\_\_\_\_

List languages you can read, speak and/or write other than English and your proficiency: \_\_\_\_\_

List knowledge of computer hardware, software programs and your proficiency: \_\_\_\_\_

List any Office Equipment you can operate such as copier, fax machine: \_\_\_\_\_

List yard/construction tools and equipment (hand tools, machinery, etc) you can operate: \_\_\_\_\_

**Section VII: Other Information**

1. If your area of interest involves working with children, do you currently have a State of Arizona DPS Fingerprint Clearance Card?

- Yes - Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- No

If you do not have a DPS Fingerprint Clearance Card, are you willing to provide information for a related/required background check in order to receive a DPS Fingerprint Card?  Yes  No

2. 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.

I hereby declare that I will comply with all of the requirements of ordinances and regulations of the Town of Clarkdale. I understand that I am offering my services to the Town of Clarkdale without compensation. 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.

As a Town of Clarkdale Volunteer, I understand that I will be required to abide by all Town of Clarkdale policies, rules and regulations. I understand that I will be required to sign a loyalty oath as prescribed by the State of Arizona. I further understand and agree that I will have no expectation of privacy in desks, files, lockers, computers, vehicles or any other property owned by the Town of Clarkdale.

**Note: Applicant's signature required.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Town Use Only**

Staff Approval : \_\_\_\_\_

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

Volunteer # \_\_\_\_\_