



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: _____

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 the _____, 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 _____ 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

Staff Approval : _____

Date: _____

Volunteer # _____