



VOLUNTEER APPLICATION

Programs or Departments of Interest:

Animal Shelter ☐ Marketplace ☐ Recreation/Parks ☐ Senior Enrichment Center ☐ Transit ☐ TV4 ☐

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Are you 18 yrs. or older?

Yes ☐

No ☐

E-mail Address:

Cell Phone:

Can you submit proof of your legal right to work in the United States? Yes ☐ No ☐

Are you currently a regular, City of Bullhead City employee? Yes ☐ No ☐

Employee Number:

Have you ever worked for the City of Bullhead City? Yes ☐ No ☐

Employment Dates (mo/yr):

Are any of your relatives (including those by marriage) employed by the City of Bullhead City? (If yes, please list name, relationship, and City department) Yes ☐ No ☐

Name:

Relationship:

Department:

When are you available to volunteer?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

Please list any special skills, education, and/or certifications that may apply to your area(s) of interest.

What special interests, hobbies, skills/training would you like to share?

Driver's License Information:

Do you have a valid Driver's License?	Driver's License Number:	State:	CDL?	Classification:
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education Information:

Do you have a High School Diploma or a G.E.D.? Yes ☐ No ☐ If no, indicate highest grade completed:

Are you interested in an unpaid Student Internship? Yes ☐ No ☐ If yes, please submit a resume with your application.

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY

Position Title:	Employment Dates (mo/yr)	From:	To:
Employer:		Phone #	
Address:	City:	State:	Zip:
Direct Supervisor:	Email:		

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Do you have an ADA request for reasonable accommodations to perform your volunteer duties? Yes ☐ No ☐

Have you ever been terminated, discharged, or forced to resign? Yes ☐ No ☐
(If yes, please name the employer, explain the circumstances, and when (mo/yr).

Background Information

All questions must be answered truthfully and completely.

The City of Bullhead City conducts an extensive background investigation of criminal history. A criminal conviction does not constitute an automatic bar to volunteer placement. Each case is considered individually and based on volunteer requirements. However, failure to answer truthfully may result in disqualification for volunteer placement with the City of Bullhead City. "Crime" as used in this section means any and all felonies, misdemeanors, and serious driving offenses. "Crime" does not include minor civil traffic offenses. If you are unsure how to answer this question, please ask for clarification.

"Convicted" means that you have been found guilty by a court or jury, pleaded guilty or no contest to a crime and/or have been sentenced for a crime, whether incarcerated, placed on probation, fined, or received a suspended sentence.

Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged, in any domestic, foreign or military court? Yes ☐ No ☐

Are you pending charges, trial or other court proceedings for any crime, in any jurisdiction, at this time? Yes ☐ No ☐

If you answered yes to either or both of these questions, please give details including the offense(s) for which you were convicted or are currently pending charges, date of conviction, and jurisdiction (court, city, county and state). If an offense has been set aside or expunged, please give date of action.

Charge: _____ Date: _____ Jurisdiction: _____

CONDITIONS

I fully understand, acknowledge and agree to the following:

1. The program is under no obligation to accept all interested volunteers.
2. All statements made on this application are true and complete to the best of my knowledge. I understand that any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from volunteer service.
3. I authorize the City of Bullhead City's Human Resources Department or its designee to make all necessary and appropriate investigations allowable by law to verify the information contained in this application.
4. Any or all of the following may be required before placement in any sensitive volunteer position: (A) Background Investigation, (B) Fingerprinting, (C) Substance Abuse Testing, and/or (D) MVD Check.

Volunteer Signature: _____

Date: _____

Parent/Guardian Signature (if volunteer is a minor): _____

Date _____

**Applications can be submitted
by email, fax, or mail.**

Email: volunteerinfo@bullheadcityaz.gov

Fax: 928-763-0113

Mail:
Human Resources
1255 Marina Blvd. Ste. B102
Bullhead City, AZ 86442