



VOLUNTEER APPLICATION

Volunteer – Intern – Community Service – Coaching

The City of Somerton does not discriminate on the basis of race, color, national origin, sex, religion, age or disability

The City of Somerton promotes a Drug and Alcohol-Free Workplace

Please bring the original completed application to the City of Somerton Human Resources Department located at City Hall, 143 N. State Ave, Somerton 85350; Phone: (928) 722-7396; Email: humanresources@somertonaz.gov

Please print legible and fill out the application in its entirety. Applications must be updated every year.

Last Name: _____ First Name: _____ Middle: _____	
Address/PO Box: _____ State: _____ Zip Code: _____	
Home No.: _____	Cell No.: _____
Email Address: _____	
Current Employer: _____	
Address: _____ State: _____ Zip Code: _____	
Job Title: _____ Work No.: _____	
Supervisor's Name: _____ Employment Dates _____ to _____	
A criminal record may not necessarily disqualify an individual from volunteering consideration.	
Have you ever been convicted or do you have any pending charges for felony or misdemeanor convictions including DUI?	
☐ Yes ☐ No	
If "Yes" to the question above, you must provide all convictions(s) and pending charge(s) with the month/year/location and complete disposition below. If no mark "N/A".	
Explain: _____ _____	
FAILURE to list all convictions or pending charges will result in your application not receiving further consideration and you will be disqualified for a minimum of one (1) year. You must list convictions that have been "set aside" or "expunged". If selected for a volunteer opportunity and information is received regarding a conviction or pending charge, which should have been listed, you may be dismissed from volunteering.	
The City of Somerton has an age requirement. Please mark the box that applies to you.	
☐ 14 – 15 years of age	
☐ 16 - 17 years of age	
☐ 18 years or older	

Volunteer Category ☐ Volunteer ☐ Intern ☐ Community Service (court ordered) ☐ Coaching			
What type of volunteer work are you looking for? (Please Check all that apply) ☐ Clerical ☐ General Labor ☐ One (1) Day Event ☐ Other: _____			
Availability: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____			
Please Check: ☐ Head Coach ☐ Assistant Coach If you are not the Head Coach, please list his/her name: _____ Sport you are coaching/assisting: _____ Age Group: _____ Experience in coaching/assisting: _____ # of Years: _____			

BACKGROUND INVESTIGATION

The term "Background Investigation" refers to any and all information and sources of information that the City of Somerton, in its sole discretion, may deem necessary to obtain or contact, to determine fitness as a candidate for Volunteer-Community Service. I have read, understand and accept the following:

1. I authorize any person or entity contracted by the City of Somerton's officers, agents, and employees during the course of my background investigation, to furnish to such officers, agents, and employees any information or opinions they may have.
2. I hereby release from liability and hold harmless under any and all possible causes of action, claims, demands, rights, damages, costs, and debts, both in law and in equity which I may have or in the future may have against the City of Somerton information or opinions to the employees of the City of Somerton.
3. I will not, under any circumstances, attempt to obtain the results of my background investigation.
4. Failure to pass the background investigation or any above stated conditions will render me ineligible for Volunteer-Community Service for a period of one (1) year with the City of Somerton.

I understand that I am a **VOLUNTEER** and therefore are not entitled to any benefits which are provided to the employees of the City of Somerton. I will be fulfilling volunteer assignment responsibilities without receiving a salary or hourly wage, and that my placement and retention as a volunteer is at the will of the City of Somerton.

VOLUNTEER ACKNOWLEDGEMENT

Print Name: _____

Signature: _____ **Date:** _____

PARENT OR GUARDIAN (If volunteer is under the age of 18)

Print Name: _____

Signature: _____ **Date:** _____

(If minor is required to do the Community Service, the Parent or Guardian must sign the application)