



TEEN VOLUNTEER APPLICATION

Position applying for: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

Social Security Number*: _____

Date of Birth*: _____

**Required for background check.*

Emergency Contact Name: _____

Emergency Contact Phone: _____

Please briefly describe your work/volunteer experience:

Education (please check highest level obtained):

High school graduate Some college College graduate

College degree or major: _____

List any interests, skills, training, or hobbies you have that may be helpful to the city:

List any awards/honors you have received:

What days and times are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours preferred: _____

Do you have any physical conditions to be taken into consideration in arranging volunteer assignments to you? _____

Have you EVER been convicted of a felony (including convictions expunged or set aside)? If so, provide date and brief explanation.

During the last 10 years, have you ever been convicted of, pled guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor (including convictions that were expunged or set aside)? If so, provide a date and brief explanation.

Do you have any pending criminal charges against you? If so, provide date of arrest and brief explanation.

*Please note, a criminal record may not necessarily disqualify an individual from employment consideration or retention, however, **failure** to answer truthfully and **failure** to list all required convictions will result in your application not receiving further consideration. You must include convictions that have been "set aside" or expunged.*

I understand and agree to the following:

As a volunteer, the City may verify my entire work history and all data given on my application, related papers, or oral interviews. And for security reasons, I understand that a background investigation may be conducted if necessary. I release from liability any person giving or receiving any information as a direct result of the investigation.

Signature of Applicant: _____ Date: _____

Signature of Guardian: _____ Date: _____

MEDICAL RELEASE

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Medication problems:

Medication allergies:

Medications:

Physician: _____ Phone: _____

Medical insurance: _____ Policy Number: _____

My signature below constitutes authorization for medical treatment to be rendered to my child/ward in the event of an emergency while participating in the Teen Volunteer Program with the City of Sierra Vista.

Signature of Guardian: _____ Date: _____