



GILA COUNTY

1400 E Ash Street
Globe, Arizona 85501
(928) 425-3231 TDD: 7-1-1 Fax (928) 402-4252

AN EQUAL OPPORTUNITY EMPLOYER

VOLUNTEER APPLICATION

POSITION FOR WHICH YOU ARE VOLUNTEERING:

Volunteer Position: _____

Department/Location: _____

PERSONAL:

Name: _____
Last First Middle Social Security Number

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ Email: _____

ADDITIONAL INFORMATION:

Is there any additional information relative to change of name, use of an assumed name or nickname necessary to permit a check on your work and education records?----- Yes No

If Yes, please explain: _____

Other than English, do you fluently speak: ----- Spanish Other

If other, please specify: _____

If applicable, do you possess a valid Arizona Driver License? ----- Yes No

Have you ever been convicted of a felony offense? ----- Yes No

If Yes, Please provide further information: _____

AVAILABILITY:

Shifts Available to volunteer: Day Evening Night Rotating

Will you be able to volunteer on weekends or holidays? ----- Yes No

If out of town travel is required, would you be willing and able to travel? ----- Yes No

EMPLOYER INFORMATION (if applicable):

Fill out the job responsibilities in detail. Please provide complete and accurate information. Attach additional pages if necessary.

Company Name: _____ Phone: _____

Address: _____ From: _____ To: _____

Job Title: _____

Name and Title of Supervisor: _____

Responsibilities: _____

If presently employed, will your current employer allow you to assist during an emergency?----- Yes No

PREVIOUS EMPLOYMENT INFORMATION (if applicable):

Fill out the job responsibilities in detail. Please provide complete and accurate information. Attach additional pages if necessary.

Company Name: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Responsibilities: _____

Company Name: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Responsibilities: _____

PREVIOUS VOLUNTEER INFORMATION (if applicable):

Fill out the job responsibilities in detail. Please provide complete and accurate information. Attach additional pages if necessary.

Company Name: _____ Phone: _____
Job Title: _____ From: _____ To: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____
Responsibilities: _____

Company Name: _____ Phone: _____
Job Title: _____ From: _____ To: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____
Responsibilities: _____

EDUCATION AND ADDITIONAL INFORMATION:

EDUCATION

High School: _____ From: _____ To: _____	Address: _____ Did you graduate? Yes No
Undergraduate College: _____ From: _____ To: _____	Address: _____ Did you graduate? Yes No Degree: _____
Graduate College: _____ From: _____ To: _____	Address: _____ Did you graduate? Yes No Degree: _____
Other: _____ From: _____ To: _____	Address: _____ Did you graduate? Yes No Degree: _____

Use the space below to list Professional Society Memberships, job related licenses, registrations, certificates with their numbers and expiration dates.

TYPING:

None	Less than 30 wpm	30-39 wpm	40-44 wpm	45-50 wpm
51-60 wpm	61-70 wpm	71- or more wpm		

Please Read and Sign Below

I understand that participation as a volunteer with Gila County does not entitle nor guarantee me future employment with Gila County, and that no tangible compensation will be provided.

Gila County does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

STATEMENT OF CERTIFICATION-VOLUNTEER SIGNATURE

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct and complete to the best of my knowledge and belief. I also authorize Gila County to make all necessary and appropriate investigations allowable by law to verify the information provided.

VOLUNTEER'S SIGNATURE

DATE

ALL APPLICATIONS MUST BE SUBMITTED TO GILA COUNTY HUMAN RESOURCES

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY

Reference Check Yes No

Clerical Verification/Testing Yes No

INTERVIEW Yes No

Date: _____

Time: _____

Result of Interview: _____



Gila County Human Resources Department Background Authorization

I hereby give Gila County Human Resources the right to make a thorough investigation of my background including:

- Criminal Record
- Driving Record
- Personal References
- Social Media
- Past Employment/Volunteer Status
- Educational/Professional Status
- Credit Check (if duties will involve handling large sums of money)

And any other persons or sources as appropriate for the position for which I have expressed an interest.

I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless Gila County from any liability which might result from such an investigation.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration.

I understand that information collected during this background check will be limited to that appropriate to determine my suitability for certain positions and that all such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability for the described position and such other information, as they deem appropriate.

Signed: _____

Date: _____

Name: _____

DOB: ____/____/____

Social Security # _____ - _____ - _____

Driver's License # _____

State issued: _____

Marital Status: _____

Sex (please check one): M F

Race (please select one):

H W B I A

please note this is for EEO statistical purposes only