



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: \_\_\_\_\_ **Complete & return application to: [dawn.norman@clarkdale.az.gov](mailto:dawn.norman@clarkdale.az.gov);  
Fax 928-639-2489; or drop off at the Clark Memorial Library, 39 N 9<sup>th</sup> St.**

**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 **CLARKDALE'S OLD-FASHIONED 4<sup>TH</sup> OF JULY**, 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 **Special Event** 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**

Date: \_\_\_\_\_ Staff Approval : \_\_\_\_\_