



City of Sierra Vista
1011 N. Coronado Drive
Sierra Vista, AZ 85635

Volunteer Application

Position Applying For: _____

Name: _____			
Address: _____			
City	State	Zip Code	_____
Home Phone: _____	Work Phone: _____	_____	
Email Address: _____			

CONTACT IN CASE OF EMERGENCY:	
Name: _____	Phone Number: _____

Social Security #: _____	Date of Birth: _____
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Please provide a brief summary of Work / Volunteer Experience:

Education (Please check highest level obtained):		
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some College Courses	<input type="checkbox"/> College Graduate
College Degree or Major: _____		

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

List any awards/honors you have received:

What days and times are you available to volunteer?
Days Available:
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat/Sun
Hours Preferred: _____ to _____.

Are there any physical conditions to be taken into consideration in arranging volunteer assignments for you?

Have you ever been convicted of a felony?

Yes

No

If yes, explain:

Have you had a misdemeanor conviction in the last 5 years?

Yes

No

If yes, explain:

Do you have any pending criminal charges against you?

Yes

No

If yes, explain:

I understand and agree to:

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.

I acknowledge that the City of Sierra Vista's insurance will not provide coverage for damages or injuries incurred, by myself or third parties, during the use of my personal vehicle when providing volunteer services for the City.

If applicant is a minor, Signature of Parent/Guardian:

Parent Name: _____ Signature: _____ Phone: _____

Signature: _____

Date: _____

For Sierra Vista Police Department Volunteer Applicants:

Additional Information Required

Note: The Police Department requires volunteers to volunteer sixteen hours per month due to the training involved and asks for a six month commitment.

Work History Employer/Address: _____ Supervisor: _____ Phone: _____ From/To _____ Duties: _____ Reason for leaving: _____
Employer/Address: _____ Supervisor: _____ Phone: _____ From/To _____ Duties: _____ Reason for leaving: _____
Employer/Address: _____ Supervisor: _____ Phone: _____ From/To _____ Duties: _____ Reason for leaving: _____

List your last three previous addresses:

1. _____
2. _____
3. _____

Date of Birth: _____

AZ Driver's License Number: _____	Expiration Date _____
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List and explain any other names you have used:

Military Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	From _____ To _____
If yes, what branch: _____	
Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any hearing loss?: Yes No

List three references other than family members:

	<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Relationship</i>
1.	_____			
2.	_____			
3.	_____			

1. Please complete the "Authorization of Release of Information" form on the following page AND get it notarized.

2. Please attach the following:

A copy of your birth certificate.

If applicable, a copy of your DD214 Copy 4 (lists type of Discharge)

**AUTHORIZATION FOR RELEASE OF INFORMATION TO THE
SIERRA VISTA POLICE DEPARTMENT**

TO: Any Doctor, Hospital, Medical Association, U.S. Armed Forces, U.S. Selection Service System, Maritime Service, Veterans Administration, OR

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade or high school), OR

Any past or present Employer, OR

Any Credit Bureau or Retail Merchants Association, Bank, Federal Institution, or any other Credit Extending Organization, or Credit Reporting Agency, OR

Any County, City, State or Federal Government Agency

I, _____, am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding bank or savings and loan association balances, to the Sierra Vista Police Department or its agent. I hereby designate Sierra Vista Police Department as my authorized representative for the purpose of obtaining such information.

I understand that a consumer report may be procured by the Sierra Vista Police Department or its agent for employment purposes. I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act", and authorize the Sierra Vista Police Department or its agents to procure said report.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information; except that I do not release anyone who gives information that he knows if false, deliberately intending to harm me or one of my family, heirs or associates.

SIGNATURE _____ DATE _____
ADDRESS _____

State of Arizona
County of Cochise

Subscribed and sworn to me this _____ day of _____ A.D., 20 _____.

Notary Public _____

My Commission expires: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information used in the process of granting credit. This information is supplied by public record sources, credit grantors and others to credit reporting agencies. (CRA's) who organize and store that information for distribution to credit grantors, employers and insurers who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users of credit information, and CRA's, specific responsibilities in connection with their respective roles in the credit granting and reporting process. The FCRA also gives you specific rights in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>). You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

Access to your file is limited. Your file may only be accessed by those who have a permissible purpose recognized by the FCRA - usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business, or to consider you for an unsolicited offer of credit.

Your consent is required for reports that are provided to employers or that contain medical information. A CRA may not give a report about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You can find out what is in your file. Upon your request, a CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to any information concerning "risk scores", "credit scores", or other economic predictors that are in your file. There is no charge for the report if a third party used the information in your file to take unfavorable action toward you and you request the report within 60 days of receiving notice that the information in your file was used by a third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.

You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you. Upon your request, anyone who considers information from a CRA and who takes unfavorable actions toward you—such as denying an application for credit, insurance, or employment - must give you the name, address, and phone number of the CRA that provided the information. Keep in mind that the third party, not the CRA, took the unfavorable action toward you and that the CRA will not be able to provide you with the reason for the unfavorable action.

You can dispute the inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source also must advise national CRA's – to which it has provided data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your dispute statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove inaccurate information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell the third party who furnished information to the CRA – such as a creditor who reports to a CRA – that you dispute the item, it may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old (ten years for bankruptcies).

You may choose to exclude your name from the CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers to credit or insurance. Such offers must include a toll-free number for you to call and tell the CRA if you want your name and address removed from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the list for two years. If you request, complete and return the CRA form provided for this purpose, you can have your name and address, you can have your name and address removed indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different agencies authority to enforce the FCRA:

FOR QUESTIONS CONCERNING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection - FCRA Washington, DC 20580 *202-326-xxxx
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 *800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 *202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appears in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 *800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 *714-518-6360
Banks that are state-chartered or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 *800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 *202-366-1306
Activities subject to the Packers and Stockyards Act. 1921	Department of Agriculture Office of the Deputy Administrator - GIPSA Washington, DC 20250 *202-720-7051