



VOLUNTEER CONTACT INFORMATION
PLEASE PRINT

NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

CONTACT PHONE # _____

IN CASE OF AN EMERGENCY

PRIMARY CONTACT _____

RELATIONSHIP _____

PRIMARY ADDRESS _____

PHONE (INCLUDE HOME, WORK & CELLULAR NUMBERS)

SECONDARY CONTACT _____

RELATIONSHIP _____

PRIMARY ADDRESS _____

PHONE (INCLUDE HOME, WORK & CELLULAR NUMBERS)

Date completed: _____

**City of Bisbee
Personnel Department
Volunteers**



**Acknowledgement of Receipt of the
Personnel Rules & Regulations**

I _____ hereby acknowledge receipt of a copy of the City of Bisbee Personnel Rules and Regulations. I understand that each City volunteer has a personal responsibility to be familiar with and to comply with these rules and regulations. I understand as a Volunteer I will be held to the same standards regarding conduct as City of Bisbee Employees, as described in the Personnel Rules & Regulations. I also understand that City volunteers are encouraged to contact the Personnel Director with any questions that may arise about these rules and regulations.

Date

Signature

**Acknowledgement of Election to Receive an Electronic Copy of
the Personnel Rules & Regulations**

I _____ hereby elect to receive an electronic version of the City of Bisbee Personnel Rules and Regulations. I understand that each City volunteer has a personal responsibility to be familiar with and to comply with these rules and regulations. I also understand that City volunteers are encouraged to contact the Personnel Director with any questions that may arise about these rules and regulations. I will have obtained an electronic version of this document at <http://bisbeeaz.gov/2154/Documents-Forms>

Date

Signature



**City of Bisbee
Personnel Department**

**Drug-Free Workplace Policy
Acknowledgement**

I _____, an volunteer of the City of Bisbee, hereby certify that I have received a copy of the City's policy regarding the maintenance of a drug-free workplace. I realized that the unlawful manufacture, distribution, dispensation, possession, use or effect of a controlled substance is prohibited on and off the City of Bisbee's premises while performing City business. Violation of this policy can subject me to dismissal. I realize that as a condition of volunteering, I must abide by the terms of this policy and will notify the employer of any criminal drug conviction for a violation occurring on City of Bisbee premises no later than five (5) days after such conviction. I further realized that federal law mandates that the employer communicate this conviction to the federal government.

Date

Signature



**City of Bisbee
Personnel Department**

Safety Rule Book

The City of Bisbee strives to maintain a safe and healthy work environment for all employees. No workplace can be safe however, without the support and diligence of its employees.

I promise to report any and all unsafe or unhealthful conditions associated with my workplace. I have received the City of Bisbee Safety Rule Book and have been advised I must read this book and follow these rules.

Date

Signature



**City of Bisbee
Personnel Department**

Department of Corrections Inmates

The City of Bisbee utilizes Department of Corrections (DOC) inmate labor in our facilities, parks and on our streets. All city volunteers will eventually have some form of contact with DOC inmates. For safety and security reasons, it is vital that all volunteers follow the rules established by the Department of Corrections concerning inmate labor. The City of Bisbee has a contract with DOC which requires that the city and its volunteers meet these standards. The continued availability of this inmate labor is dependent upon following these rules. You are being provided with a list of these rules and are expected to follow them. In the event a volunteer does not comply with these rules, that volunteer will be subject to dismissal.

I have received a summary of the Department of Corrections rules regarding inmates. I have read and agree to comply with these rules. In addition, I understand that in the event that I fail to follow these rules, I will be subject to dismissal.

Date

Signature

Print Name

DEPARTMENT OF CORRECTIONS RULES ON INMATE LABOR

- It is unlawful for anyone to give, take or in any manner barter with the inmates, i.e., the supplying of goods, including food and soft drinks or monies. These actions constitute a felony for which you can be prosecuted.
- Do not handle any mail, notes, packages or verbal messages for inmates.
- No inmate shall be permitted to make or receive telephone calls.
- The visiting of an inmate by an unauthorized person shall not be permitted. If any person is found visiting with an inmate, his or her name and description shall be given to Department of Corrections authorities. If it is not possible or feasible to obtain names, other identification such as automobile make, description and license shall be obtained when possible.
- Inmates are not to be allowed to operate vehicles or ride in vehicles that are not designed for passenger use. Do not use privately owned vehicles to transport inmates.
- Do not use inmate labor for personal use.
- Except in the event of a medical emergency, do not physically touch an inmate.
- Do not become too familiar with an inmate, ex-inmate or member of an inmate's family.
- Personal matters are not to be discussed with inmates.
- Inmates shall not be physically or verbally harassed.
- Abusive, profane or vulgar language is not to be used with inmates or by inmates.
- Inmates are not allowed to possess alcohol, drugs, drug paraphernalia, weapons, ammunition, explosives, cameras or recording devices.
- Please be advised that any allegations of non-compliance with these instructions shall make the City of Bisbee subject to investigation by the Department of Corrections.