



**Town of Prescott Valley**

Town Council Office

7501 Skoog Blvd., Prescott Valley, AZ 86314

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**Application for Membership  
PARKS AND RECREATION COMMISSION**

Commissioners must be a resident of the Town of Prescott Valley and serve in an advisory capacity to the Town Council. Commission meetings are held monthly and televised. Members are expected to attend all meetings; however, if a situation arises such that they cannot attend, they are asked to give at least 24 hours notice to the staff liaison.

**Important Instructions:** You may scan and email, mail, fax or drop off your signed application at the Town Council Office at the address or fax number or email above. All applications will be submitted to the Town Council for consideration.

- Please type or print. Do not use pencil.
- Use additional sheets if necessary.
- Access our Town website at [www.pvaz.net](http://www.pvaz.net) in advance of submitting the application should you need additional information.
- A separate application is required for each board or commission applied for.
- Read all information/disclaimers on this application.
- Sign and date the application on pages 2 and 3.

Name: \_\_\_\_\_  
Last First Middle

Mailing address: \_\_\_\_\_  
City State Zip

Residence: \_\_\_\_\_  
City State Zip

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

A. Are you able to attend the Parks and Recreation Commission meeting which are held the 2<sup>nd</sup> Tuesday of the month at 6:30pm in the Prescott Valley Library Auditorium?  YES  NO

B. Briefly describe your interests in the following areas:

1. What is your recreation and/or park background?

2. Do you have a special area of interest in recreation or parks?

3. What do you see as long-range improvements for the Town in the area of parks and recreation?

C. Briefly discuss why you are interested in membership on the Parks and Recreation Commission:

D. How did you gain knowledge of a position opening on the Commission?

E. Please list any additional information about your knowledge, skills or abilities that would assist the Town Council in selection of members:

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**Signature of Applicant**

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**Date**

CONTINUE TO NEXT PAGE

Have you ever worked as an employee or volunteer for the Town of Prescott Valley?  Yes  No  
If yes, give dates: \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_ in the \_\_\_\_\_ department.

Are you presently employed? (Check as many as apply.)

Employed full-time  Employed part-time  Unemployed  Retired

**Current/Previous Employer:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

**References**

List 2 persons other than relatives or supervisors who can attest to your character and ability regarding the volunteer position for which you are applying.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that any omission, misstatement or falsification will be sufficient cause for cancellation of this application and/or separation from volunteer service.**

**By my signature below, I authorize the Town of Prescott Valley to investigate all references and to secure additional information about me as needed. I hereby release from liability the Town of Prescott Valley and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.**

**I understand that my driving and/or criminal records, if any, may be obtained and reviewed by the Town of Prescott Valley in connection with this volunteer application. I also understand that the Town of Prescott Valley's "Drug and Alcohol-Free Workplace" policy is applicable to volunteers and that any violation of that policy will result in my immediate disqualification or dismissal from volunteer service.**

**I understand that the Town of Prescott Valley is under no obligation to accept any or all interested volunteers and may retain my interest for up to one year from date of application. By my signature below, I hereby agree to submit to any or all of the following prior to being placed in any volunteer position: A. Fingerprinting B. Background Investigation C. Substance Abuse Testing.**

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

**NOTE: APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED. IN ACCORDANCE WITH ARS 38-431.03(A)(1), YOU ARE HEREBY NOTIFIED THAT THE TOWN COUNCIL SELECTION SUBCOMMITTEE MAY VOTE TO GO INTO EXECUTIVE SESSION TO DISCUSS AND CONSIDER WHICH APPLICANTS IT WILL RECOMMEND TO THE FULL COUNCIL FOR APPOINTMENT. INDIVIDUAL APPLICANTS MAY DEMAND THAT THE DISCUSSION AND CONSIDERATION FOR THE POSITION THEY ARE APPLYING FOR BE IN PUBLIC.**

**THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST  
IN VOLUNTEERING FOR THE TOWN OF PRESCOTT VALLEY!**