



**BLACK CANYON CITY
CHAMBER OF COMMERCE
PO Box 23
Black Canyon City, AZ 85324**

Volunteer Application for Visitor Center

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Day/Shift Preference

Mon _____

Tue _____

Wed _____

Thu _____

Fri _____

Sat _____

Sun _____

Winter (Oct thru Apr)

9:00 am to 1:00 pm _____

1:00 pm to 5:00 pm _____

Summer (May thru Sep)

9:00 am to 2:30 pm _____

I understand I must go through a training session with the Director.

I will conduct myself in a professional manner while working in the visitor center.

I will dress in appropriate attire while working in the visitor center.

I will NOT be under the influence of alcohol or drugs while working in the visitor center.

I understand it is my responsibility to find a replacement if I am unable to work my shift.

I have read and initialed a copy of the Guidelines for Volunteers.

Please contact the Director with any questions or concerns.

Director, Julie Forbis, 623-523-3621

Volunteer Signature

Date