

**City Of Safford/Gila Resources**  
**Volunteer Worker Form**

Name Of Volunteer: \_\_\_\_\_

Name of Organization/Committee/Board: \_\_\_\_\_

*If Volunteer worker serves on SEACAB committee or board, this form must be completed for each meeting attended or sign the sign-up sheet that indicates attendance at meeting.*

*(Note for Volunteers working on the Shady Grove Park Project under the Authorization of SEACAB or Graham County Master Gardeners Association, this form will be good for one year from the date of sign up. Volunteer must notify SEACAB of dates of work to be performed either by Ph. 928 428 2820 or by email at [jay@seacab.org](mailto:jay@seacab.org) before work is performed.)*

Safford Department & Division: \_\_\_\_\_

If not a Safford employee, circle one of these sources:

**Gila Resources**

**SEACAB**

Location of work performed: \_\_\_\_\_

Date(s) Volunteer performed work: \_\_\_\_\_

Time volunteer worked: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Nature and /or type of work performed: \_\_\_\_\_

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I certify the above volunteer work date(s) and times are true and correct to the best of my knowledge:

Signature of Volunteer worker(s) \_\_\_\_\_ Date: \_\_\_\_\_

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Department Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

(Complete form prior to volunteer work performed. Please submit completed form to SEACAB at 728 So. 9<sup>th</sup> Ave. or to Robert Porter, City of Safford, 405 W. Discovery Park Blvd.)