



**TOHONO O'ODHAM NATION RECREATION DIVISION**  
**P.O. BOX 837**  
**SELLS, AZ 85634**  
**PHONE: (520) 383-1260**  
**EMAIL: [ASKRECREATION@TONATION-NSN.GOV](mailto:ASKRECREATION@TONATION-NSN.GOV)**

Thank you for your interest in becoming a Recreation Volunteer for the Tohono O'odham Nation Recreation Division. Please return all the following documents:

- 1. Resume
- 2. Letter of Interest for Volunteer Opportunity
- 3. Copy of State ID or Driver's License and Tribal ID (if applicable)
- 4. Volunteer application (Included)
- 5. Signed Authorization of Release of Information (HRP272) (Included)



TOHONO O'ODHAM RECREATION CENTER  
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RECREATION DIVISION VOLUNTEER APPLICATION 2024

Personal Information				
Name:	_____			
	Last	First	Middle	
Mailing Address:	_____			
	P.O. Box/ Street Address	City	State	Zip Code
Location Address:	_____			
	Street Address	City	State	Zip Code
Telephone number:	Day: ( ____ ) _____	Evening: ( ____ ) _____		
Email Address:	_____	Arizona Drivers License #	_____	
Date of Birth:	_____			

References			
List three (3) individuals whom you have known at least three years. (Do <u>not</u> list relatives or supervisors.)			
Name	Address	City/State/Zip	Telephone Number
Name	Address	City/State/Zip	Telephone Number
Name	Address	City/State/Zip	Telephone Number

Specialized Training
List any specialized training, apprenticeship and skills you may have received that relates to this position (include number of hours and course content)
List any job related certificates or licenses that relates to this position.

**Volunteer Info***Please indicate the number of hours*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

For how long do you wish to volunteer at the San Xavier Recreation Center?

 Less than a month   
 During Intersession   
 Quarterly (4 Mos.)   
 Less than 6 Months   
 More than 6 Months
**General Information**
Do you have any DUI's or major traffic offenses within the past three (3) years? **YES**    **NO**

Have you been convicted of a felony in the past ten (10) years which has not been annulled, expunged or sealed by a court? **YES**    **NO**

If yes, please give date, place and nature of the charge for which you were convicted.

*I understand that I am **not** an employee of the Recreation Division or the Tohono O'odham Nation, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the Tohono O'odham Nation Recreation Division, and individual recreation centers, I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.*

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**Parental Permission for those under 16 years: (please have parent/legal guardian sign the following form)**
I, (print) \_\_\_\_\_ grant permission for my son/daughter,  
\_\_\_\_\_ (print name) to volunteer at the San Xavier Recreation Center.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**
 Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

 Referred To: \_\_\_\_\_ Date: \_\_\_\_\_

 Assignment: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_



# Tohono O'odham Nation, Executive Branch HUMAN RESOURCES DEPARTMENT

P.O. Box 837; Sells, Arizona 85634 · Phone: (520) 383-6540 Fax: (520) 383-4676  
Website: www.tonation-nsn.gov

I, \_\_\_\_\_ in consideration of my employment or being considered for employment, by the Tohono O'odham Nation, do hereby give permission to release any information on the following to the Human Resources Office.

- Conviction of a felony
- Misdemeanor or conviction.
- Conviction for DUI or other major traffic violations within the past three (3) years.

I also do hereby represent that I have never been convicted of a felony or misdemeanor involving moral turpitude, and authorize and consent to the disclosure by and to any law enforcement agency, department or officer, to the Tohono O'odham Nation and the Bureau of Indian Affairs, or any of their Officers or agents, any information that they may have or procure concerning my past record or character, hereby waiving any protection I may have to the confidentiality thereof, and releasing them from any claim which may arise on account thereof, or on account of the release or dissemination thereof.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Witness: Human Resources or Other: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

## **Applicant Information**

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_\_\_

Address, City or village, state of residence for the past five (5) years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tohono O'odham Nation  
Human Resources Office  
**Authorization of Release of Information (HRP272)**

I, \_\_\_\_\_, in consideration of my employment or being considered for employment by the Tohono O'odham Nation, do hereby authorize any and all; individuals, partnerships, corporations, entities or governmental (tribal, State, county, or federal) agencies, to release information to the Tohono O'odham Nation Human Resources Office regarding my past employment with your company and any additional information as required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness