

**CITY OF FARMINGTON
VOLUNTEER ID BADGE INFORMATION**

Badge # Issued _____

Issued By _____

Division/Department/Position		PRCA
Status		VOLUNTEER
Height		_____
Weight		_____

Signature _____ Print Name _____

SS Number _____
(optional)

AUTHORIZATION TO ISSUE IDENTIFICATION BADGE

The individual holding this identification badge is authorized by me as a volunteer. No facility access will be granted with this badge.

Facility	Days/Times of Use
PRCA Department _____	During open hours and program hours. _____
_____	_____
_____	_____

Authorized Signature  Date _____
(Authorization may be made by Department Head, Division Head, Judi Zeigler, or Kandy LeMoine)

ACKNOWLEDGMENT OF RECEIPT OF IDENTIFICATION BADGE

I hereby acknowledge receipt of an identification badge from the City of Farmington that has been issued in accordance with Administrative Regulation No. 02-1.

I understand that I have been directed to carry or wear this identification badge, and I may be required to produce it when carrying out my duties for the City of Farmington. Should this identification badge be lost or stolen, I realize that I am to immediately notify my supervisor, and it is my responsibility to ensure the replacement of the badge.

I acknowledge that this identification badge is to be used only in the course of my volunteer activities, and I will take appropriate measures to see that the identification badge is not accessible for use by unauthorized persons.

Dated at Farmington, New Mexico this _____ day of _____, 20_____.

Signature _____

Print Name _____