



Scottsdale Citywide Volunteer Program Application

Office Use Only

Division: _____
 Assign: _____
 Site Supv: _____
 FP Req: _____

Personal Data:

Last Name: _____ First Name: _____ MI: _____

Arizona Residence (while volunteering): _____

City: _____ State: _____ Zip: _____

Permanent Residence (if not Arizona): _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Office: _____ Cell: _____

E-mail Address: _____

Can you submit proof of your legal right to work in the United States? Yes No Are you over the age of 18? Yes No If no, please provide age: _____

Do any of your relatives volunteer or work for the City of Scottsdale? Yes No If yes, Who/Where: _____

Have you ever volunteered for the City of Scottsdale? Yes No If yes, Date: _____ Location: _____

How did you hear about this volunteer opportunity? Internet Flyer City employee Friend Other

Why do you want to volunteer for the City of Scottsdale? _____

Education and Work Skills:

High School Graduate Passed High School Equivalency test/GED Neither

If Student: Name of school, grade in the fall: _____

College or University: _____ College Major: _____

Graduate Field: _____ Approximate typing speed: _____ wpm

Fluent in a language other than English: _____ Language (s): _____ Speak: Read: Write:

List skills, license, and professional certification (date & #): _____

Employment History:

Please check all that apply to your current status
 Employed full-time Employed part-time Unemployed Retired Student

Current/Previous Employer or Volunteer Work: (Please be sure to include contact # for reference contact)

Company/Organization Name: _____ Phone: _____

Supervisor Name/Title: _____ Employment/Volunteer Dates: _____ From (mo/yr): _____ To (mo/yr.): _____

Work Performed: _____

Company/Organization Name: _____ Phone: _____

Supervisor Name/Title: _____ Employment/Volunteer Dates: _____ From (mo/yr): _____ To (mo/yr.): _____

Work Performed: _____

Company/Organization Name: _____ Phone: _____

Supervisor Name/Title: _____ Employment/Volunteer Dates: _____ From (mo/yr): _____ To (mo/yr.): _____

Work Performed: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Volunteer Interest:

Please Select an area of Interest

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> CA – Civil Dept. | <input type="checkbox"/> CS – Administration | <input type="checkbox"/> CS – Handlebar Helpers | <input type="checkbox"/> CS – Human Services |
| <input type="checkbox"/> CS – Library | <input type="checkbox"/> CS – McDowell Preserve | <input type="checkbox"/> CS - Parks & Recreation | <input type="checkbox"/> CS – Special Events |
| <input type="checkbox"/> CS – Sr. Centers | <input type="checkbox"/> CS – Youth/Teen | <input type="checkbox"/> EV – Downtown Group | <input type="checkbox"/> Fire – Comm. Outreach |
| <input type="checkbox"/> HR – Administration | <input type="checkbox"/> PNT – Adopt-A-Road | <input type="checkbox"/> PNT – Code Enforcement | <input type="checkbox"/> PNT – Mediation Program |
| <input type="checkbox"/> PNT – Records | <input type="checkbox"/> PNT – Traffic Engineering | <input type="checkbox"/> Police – Comm. Outreach | <input type="checkbox"/> Other: _____ |

Please indicate the frequency of time you are available to volunteer:

- Once a week Twice a week
 Daily Other:

Please check volunteer type:

- Year round Seasonal One-time event
 Special events Other:

Times Available: (Please submit hours available to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evenings							

Criminal Background Information:

Please refer to the following definitions when providing your responses below.

"**Crime**" as used in this section means any and all felonies, misdemeanors and serious driving offenses, including but not limited to driving while under the influence of intoxicating liquor ("DUI") or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, excessive (criminal) speed, leaving the scene of an accident, driving on a suspended, revoked or refused license, or any other driving offense that is a misdemeanor (i.e., possible penalty for conviction includes imprisonment or jail time). "Crime" does not include minor (civil) traffic offenses.

"**Convicted**" means that you have been found guilty of a crime by a court or jury, or have pleaded guilty or nolo contendere ("no contest") to a crime and have been sentenced for a crime, whether imprisoned, incarcerated, placed on probation, fined or received a suspended sentence.

Please answer the following questions truthfully and completely. If you are not sure how to answer these questions, please ask for assistance.

Your failure to make a full and accurate disclosure of any prior conviction(s), or to answer the questions fully and accurately, may result in the rejection of any pending volunteer application or offer for city volunteer work, or dismissal of City volunteer assignment, as applicable.

The City does not allow individuals to volunteer who have been convicted of a violent crime, a sex offense or a crime of dishonesty. A criminal conviction(s) however, does not constitute an automatic bar from volunteering. Factors considered in this regard include, but are not limited to, age at time of offense(s), the nature of the offense(s), and the relationship between the offense(s) and the assignment(s) for which you are seeking.

Question #1:

Have you ever been convicted of a crime in any domestic, foreign or military court, regardless of whether the conviction was later set aside or expunged? Yes No

Question #2:

Do you presently have any criminal charges pending in any court? Yes No

If you answered "Yes" to either of the questions above, please provide the following information:

Offense you were charged with	Felony, misdemeanor or traffic charge?	Date charged (month / year)	Jurisdiction	Conviction: fine, jail time, trial pending, expunged, set aside*

*If offense(s) has been set aside or expunged, please provide date(s): _____

Conditions of Volunteering:

I fully understand, acknowledge and agree to the following conditions:

The program is under no obligation to accept all interested volunteers. For individuals 18 years of age or older, the city will request a criminal history report by performing a background check before placement in a volunteer assignment. Fingerprinting is required for certain volunteer position assignments for which the city will submit fingerprints to federal law enforcement agencies (DPS and FBI) to obtain criminal history. All agreements between the applicant and the City of Scottsdale for volunteer work will be subject to satisfactory review of any criminal convictions you may have.

All statements made in this volunteer application are true and authorization is given to investigate all matters contained in this application. Any false statement or misrepresentation on this application may be cause for refusal of placement and immediate dismissal at any time during the period of my volunteer assignment.

Print Name

Signature

Date

Signature of Parent/Guardian (If volunteer is a minor)

Date

Applicant Identification: (For City use only)

Type of ID provided (check one)

- _____ Driver's License: State Issued _____
 _____ Passport
 _____ Other (specify) _____

Signature of Staff validating applicant identification