



VOLUNTEER APPLICATION

Name:			
Address:		City:	State: AZ
		Zip Code:	
Home Phone:	Are you 18 yrs and older? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address:	
Cell Phone:	Are you 21 yrs and older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently a regular City of Glendale employee? Yes: No:

Employee Number:
Employment Dates (mo/yr):

Have you ever worked for the City of Glendale? Yes: No:

Are any of your relatives*(marriage also) employed by the City of Glendale
(*If yes, please list name, relationship and City department)

Yes No

Name:

Relationship:

Department:

How often are you available to volunteer? Once a week Twice a week Daily Other:

***INTERNS READ BELOW**

Which days of the week are you available? Mon Tues Wed Thurs Fri Sat Sun

**Please note: Visit Fire & Police website for detailed information regarding volunteer program requirements.*

Fire website: www.glendaleaz.com/fire/volunteer.cfm

Police website: www.glendaleaz.com/police/volunteer

****FIRE CRISIS RESPONSE INTERNSHIP: 24 HRS PER WEEK REQUIRED AND WEEKEND ONLY SHIFTS ARE NOT PERMITTED****

Are you interested in the City of Glendale special events regarding volunteer opportunities? : Yes : No

Are you interested in receiving emails/and or information regarding volunteer opportunities? : Yes: No

Please indicate areas of interest: (visit website at www.glendaleaz.com for more information)

<input type="checkbox"/> Airport	<input type="checkbox"/> Engineering	<input type="checkbox"/> Library Main	<input type="checkbox"/> Environmental Resources
<input type="checkbox"/> Adult Center	<input type="checkbox"/> Field Operations/Recycling	<input type="checkbox"/> Library Foothills	<input type="checkbox"/> Friends of the Garden
<input type="checkbox"/> Community Center	<input type="checkbox"/> Foothills Recreation Center	<input type="checkbox"/> Library Velma T.	
<input type="checkbox"/> Building Safety	<input type="checkbox"/> Finance	<input type="checkbox"/> Marketing/Comm	<input type="checkbox"/> Planning Department
<input type="checkbox"/> City Atty/Prosecutor	<input type="checkbox"/> Revenue Accounting	<input type="checkbox"/> Cable/Channel 11	
<input type="checkbox"/> City Clerk	<input type="checkbox"/> Fire Cadet <input type="checkbox"/> Fire Safety	<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Utilities
<input type="checkbox"/> City Court	<input type="checkbox"/> Fire Crisis Response	<input type="checkbox"/> Sahuaro Ranch	
	*(see note above)		
<input type="checkbox"/> Civic Center	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Police <input type="checkbox"/> Police VA	<input type="checkbox"/> Visitor Center
		*(see note above)	
<input type="checkbox"/> Code Compliance	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Special Events	<input type="checkbox"/> Information Tech	<input type="checkbox"/> Traffic Engineering	<input type="checkbox"/> Other:
Community Partnership		<input type="checkbox"/> Transportation	

Please check your office skills and/or interest:

Microsoft Office	Typing	Data Entry	Accounting	Filing
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Driver's License Information:

Do you have a valid Driver's License?	Driver's License Number:	State:	CDL?	Classification:
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a High School Diploma or a G.E.D.? Yes No If no, indicate highest grade completed: **Student Internship:** Yes No

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

Position Title:	Employment Dates (mo/yr)	From:	To:
Employer:	Phone #		
Address:	City:	State:	Zip:
Direct Supervisor:			

List two Personal References (not related to you):

Name:	Phone #		
Address:	City:	State:	Zip:
Name:	Phone #		
Address:	City:	State:	Zip:

Emergency Contact:

Name:	Phone #	Relationship:
Address:	City:	State: Zip:

Do you have an ADA request for reasonable accommodations to perform your volunteer duties? : Yes No

Have you ever been terminated, discharged, or forced to resign? _____

No Yes (If Yes, please name the employer, explain the circumstances, and when (mo/yr). : _____

The City of Glendale conducts an extensive background investigation of criminal history. A criminal conviction does not constitute an automatic bar to placement. Each case is considered individually and based on job requirements. However, failure to answer truthfully will result in disqualification for placement with the City of Glendale. "Crime" as used in this section means any and all felonies, misdemeanors, and serious driving offenses. "Crime" does not include minor civil traffic offenses. If you are unsure how to answer this question, please ask for assistance.

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

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

Are you pending charges, trial or other court proceedings for any crime, in any jurisdiction, at this time? Yes No

If you answered yes to either or both of these questions, please give details including the offense(s) for which you were convicted or are currently pending charges, date of conviction, and jurisdiction (court, city, county and state). If an offense has been set aside or expunged, please give date of action.

Charge: _____ Date: _____ Jurisdiction: _____

If YES, please explain:

<p>CONDITIONS</p> <p>I fully understand, acknowledge and agree to the following; The program is under no obligation to accept all interested volunteers. Any or all of the following may be required before placement in any sensitive volunteer position:</p> <p>(A) Background Investigation (B) Fingerprinting (C) Substance Abuse Testing (D) MVD Check</p> <p>All statements made on this application are true and authorization is given to investigate all matters contained in this application. Any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.</p>

Volunteer Signature:	Date:
Parent/Guardian Signature (if volunteer is a minor):	Date:
FOR OFFICE USE ONLY	PLEASE RETURN APPLICATION TO:
Date Received	CITY OF GLENDALE
Date Interviewed	HR PROGRAMS COORDINATOR
Date Placed/Dept Approval	5850 WEST GLENDALE AVE
Dept Supervisor Name	GLENDALE AZ 85301